

R E P O R T

ON A SURVEY OF THE DEAF-BLIND IN THE AREA
OF THE NORTHERN COUNTIES ASSOCIATION FOR
THE BLIND AND CHESHIRE, January 1936 -
December, 1937.

(Carried out under the direction of the
Northern Counties Association for the Blind)

INTRODUCTION.

The object of this enquiry was to ascertain the actual number of deaf-blind persons in the North of England, to obtain detailed knowledge of their circumstances and needs, and to find out how far these needs were being met by the existing organisations for the welfare of the blind and the deaf.

The area covered by this investigation includes the counties of Cumberland, Durham, Lancashire, Northumberland, Westmorland and Yorkshire (Northern Counties Association for the Blind) and the County of Cheshire (North-Western Counties Association for the Blind).

Method of Investigation.

In 1933, the Counties Associations for the Blind circulated special case sheets for use in deaf-blind cases with the object of obtaining full information regarding the deaf-blind for the guidance of the Regional Consultative Committees. Those returned to the Northern and North-Western Counties Associations for the Blind served, up to a point, as a basis for investigation, but examination of these case sheets proved that only a small proportion contained sufficient general information to serve as a guide for recommendations to anyone, however expert, not personally acquainted with the cases in question.

Also, it was soon discovered that the returns were incomplete, as there had been a certain number of omissions in the original returns, (owing, in some cases, to uncertainty as to the definition of "deaf-blind") and new cases had come on to the register for whom no case sheets had been made out. In some cases, too, there had been errors in classification.

In order to obtain complete and accurate information regarding the deaf-blind, visits were paid to every agency or Local Authority department responsible for the welfare of the blind, and they were asked to provide complete lists of every deaf-blind person in the district. Each case notified was then discussed in detail with the responsible Home Teacher.

Full information was obtained regarding degree of disability, health, home circumstances, attitude of other members of the household, outside interests, help derived from embossed literature, pastime occupations, visits of voluntary helpers etc., and possible means of further service (if required) were discussed. Workshops and Schools for the Blind were also visited. At an early stage in the enquiry, it became evident that it would be necessary to obtain personal knowledge of cases concerning whom the Home Teachers had (for various reasons) insufficient information, or who presented peculiarly difficult problems. These persons were accordingly visited in company with the responsible Home Teachers, and personal contact with the deaf-blind in their own homes was found to be so valuable that thereafter visits were paid to a number of cases in each district. In addition, visits have been made to special classes and socials for the deaf-blind wherever they are organised.

Organisations for the care of the deaf are not in a position to furnish a great deal of information about the deaf-blind, but Missions and Institutes for the Deaf were visited throughout the area, and where any deaf-blind cases were known to them, the Missioners proved, in every case, most helpful. Enquiries were also made at Schools for the Deaf, in order to ascertain whether there were any pupils with defective sight who might later become blind, and through these contacts with workers for the deaf, some cases have been discovered who, though not registered as blind, were totally deaf and suffering from highly defective vision. A few of the adult cases

have since been certified as blind persons.

Throughout this investigation, contact has been maintained with the Deaf-Blind Helpers' League, through the Braille Secretary for the Northern Area and stewards and members of local groups.

In order to obtain complete information regarding cases in Mental Hospitals and Institutions, an enquiry was addressed to every Mental Hospital and Institution for mental defectives in the area, requesting information regarding patients who were deaf and blind. From this source, 19 cases were notified about whom no information had previously been obtained, but only five of these appear to be registered as blind persons.

Classification.

The four categories into which the deaf-blind are divided are:-

- I. Blind, deaf and dumb.
- II. Blind and totally deaf, but able to speak.
- III. Blind and partially deaf.
- IV. Deaf persons with defective sight, not certified as blind.

A further subdivision could be made in each category according to whether blindness is total or not, although no provision was made for such enquiry on the case sheets which were drawn up by the National Consultative Committee, but in actual practice it is exceedingly difficult to obtain accurate information on this point, except in the case of newly registered persons. The registration cards are of very little assistance as the vision of a partially blind person may deteriorate further after certification, though in a few cases surgical or other treatment may restore a certain amount of sight, while the Home Teachers are often uncertain as to whether any given case is able to distinguish anything beyond light and darkness. No attempt has therefore been made to subdivide further on those lines, though the behaviour of any deaf-blind individual will be materially influenced by the amount of vision, if any, remaining.

Provision was made on the case sheets for ascertainment of "age at onset of blindness" and "age at onset of deafness", but it has been found impossible to obtain sufficient reliable information on these points to form a basis for any general conclusions. In some cases, age at the onset of the eye trouble which eventually led to blindness is entered on the form, and in others, the age invariably coincides with the age at the date of registration. Often the secretaries of societies have contradictory information on this matter. Age at onset of deafness is even more difficult to determine, as the people themselves are often exceedingly vague about it, and personal enquiries on the subject have sometimes produced lively family arguments in the household of the deaf-blind person concerned. It will be realised therefore, that the margin of error is too great to make the information obtained regarding "age at the onset of defects" of any real value.

General Problems of the Deaf-Blind.

In recent years a good deal has been said and written about the deaf-blind and their needs, and how they can be met. A good deal more has yet to be done, however, before the general public realises that this problem exists at all. A great many people imagine that all the blind have been bestowed with extraordinarily acute hearing, or if they do realise that a number of people are

deprived of both senses, they assume that they must be mentally defective, with very occasional exceptions of the "Helen Keller" variety.

Mercifully, the number of people who are deprived of both sight and hearing is small, but their needs are great and they themselves as a section of the community, are inarticulate.

Dr. Eichholz, in his report on the deaf in 1932, said:-

"As a class, the deaf-blind suffer more complete isolation than any other type in the community. Their double affliction means more than a double cut-off from their fellows."

Anyone who has any imagination can realise that the loss of sight and hearing is a catastrophe which isolates the individual from the rest of the community, and in her articles in the "New Beacon" Miss Frieda le Pla has made one aware of the peculiar difficulties which a deaf-blind person has to face, but the extreme loneliness, mental strain and feeling of dependence which the lack of sight and hearing must involve is actually unimaginable to a normal person.

It is obvious that the lack of these two senses must produce certain psychological reactions which are common in a greater or lesser degree to all deaf-blind persons, but at the same time there is a danger in assuming that the deaf-blind are all alike and have similar problems - they are not. A person who is born deaf, for instance, and loses his sight in middle age is very different from the person who is born blind and loses his hearing after education has been completed, while a partially deafened blind person, having a different set of conditions to contend with will be affected in yet another way.

There are a great many other things to be taken into consideration which will condition the development of a deaf-blind person. Home environment, education and training are obviously important factors, and the effect of degree of deafness and blindness, age at onset of the defects, and the cause, general health, mental powers etc. must not be lost sight of. All these factors make it difficult to generalise on the "problem of the deaf-blind" which, in the last resort, must resolve itself into the problem of the individual.

It is generally accepted, however, that deaf-blind people do tend to develop certain characteristics which they themselves recognise and try to fight against.

As Miss le Pla has written:-

"Even with all the help that the companionship of good friends and books can give, the deaf-blind are often tempted to be irritable and nervy, subject to depression, suspicion, and unbalanced emotionalism; resentful of slights, sometimes grudging others pleasures they themselves cannot share, and sometimes ungracious in receiving help. Those deaf-blind who are of idealistic spirit usually recognise these temptations and struggle against them. Other deaf-blind people do not do so, and readily give way to any mood that comes along".

It is inevitable that such terribly handicapped people should be subject to periods of intense depression, which may in cases which are left very much to themselves, lead to chronic melancholia, and also, it is to be expected that people who live so much within themselves and who are yet aware that conversation is going on around them, and who are very much at the mercy of sighted and hearing people, should become a prey to suspicion, particularly (as Miss le Pla has pointed out) of motives. Another thing; in dealing with

deaf-blind people, it must be remembered that they cannot absorb information and knowledge quite casually and almost unconsciously, as sighted and hearing people do. They have to be told directly about everything, and so eager are they for information that they are apt to accept anything that is told to them as authoritative, and to seize on small items of information, and turn them over in their minds, sometimes coming to wrong conclusions. A false impression once given, even unwittingly, is very difficult to eradicate, and in consequence they are often regarded as "obstinate" and "peculiar". "Childishness" is another characteristic with which the deaf-blind are apt to be credited by the unthinking, and it is necessary to remember that their lives are so circumscribed that it is difficult for them to maintain a sense of proportion; they are bound to attach importance to small personal attentions and to take tremendous delight in simple pleasures (as, for instance, a walk in the park) which sighted and hearing people take for granted. Actually people who come into contact with the deaf-blind realise that this intense appreciation of personal attentions and determination to extract every ounce of enjoyment out of things more than offsets the somewhat depressing characteristics which have been indicated.

Any effort to meet the needs of the deaf-blind must be based on personal service, which in turn must aim at helping the deaf-blind to live as normal a life as possible, and to be effective, such service must not only recognise the practical difficulties involved but must take into consideration the psychological effects of the physical deprivations. General characteristics have been touched upon, but it cannot be too strongly emphasised that every deaf-blind person presents a different problem, and that due consideration must be given to the part played by the various factors in conditioning the behaviour of each individual.

Needs and Circumstances of the Deaf-Blind.

The general problems of the deaf-blind having been indicated, it is proposed in this section to deal with the actual circumstances of the various categories in age groups and analyse their special problems and needs.

CATEGORY I. Blind, deaf and dumb.Statement of Age Groups.

<u>Age Group.</u>	<u>Total Number.</u>	<u>Sex.</u>		<u>State.</u>		
		<u>Male.</u>	<u>Female.</u>	<u>Single.</u>	<u>Married.</u>	<u>Widowed.</u>
0 - 5	-	-	-	-	-	-
5 - 16	3	3	-	3	-	-
16 - 21	3	1	2	3	-	-
21 - 40	23	9	14	23	-	-
40 - 50	20	12	8	19	1	-
50 - 65	37	15	22	26	8	3
65 - 70	10	5	5	6	2	2
70--	15	4	11	12	-	3
Total	111	49	62	92	11	8

(A detailed statistical statement will be found under Table 5 at the end of this report.)

General.

It is obvious that the most seriously handicapped of all the deaf-blind are those who were born deaf or who lost their hearing in infancy, as their means of communication with others is so much more limited by reason of their inability to express themselves in speech. Even those who are taught to speak in school often fail to make themselves intelligible after a few years, and fall back on the use of signs and finger spelling.

Everybody can understand the difficulties of communication with a person who is deaf, dumb and blind, but few who have not studied problems of deafness realise the serious limitations to the knowledge of language possessed by those who cannot remember ever having heard speech. Thus, their difficulties of expressing themselves are intensified by an imperfect use of language and a limited vocabulary, which, even if the "mechanical" difficulties of communication are overcome, tend to lead to misunderstandings on both sides.

Actually, many people who can use the Manual Alphabet quickly and with ease when talking to a deaf-blind person find it exceedingly difficult to receive, and if in addition, the syntax is peculiar and the spelling weak, sustained conversation becomes impossible except for a person with an intimate knowledge of deaf and dumb people, and the use of the sign language. The converse is also true, for a deaf and dumb person may misunderstand a message which is spelt on to his hand even when conveyed in quite simple language, owing to some ambiguity which would not be obvious to a normal hearing person.

The foregoing is, of course, true of all the born-deaf, but the deaf-blind have the added disadvantage that they cannot watch

the reactions of the person to whom they are actually talking, to see whether they are making themselves understood, and the difficulty cannot be elucidated with the aid of a pencil and paper.

More than any others, the deaf and dumb blind require companionship and understanding, but for these unfortunate people, even more than for others, such companionship is hard to come by. Owing to the language difficulty they feel themselves more akin to the sighted deaf and dumb than the blind, yet they cannot enter into most of the entertainments offered by Missions and Clubs for the Deaf (as they are purely of a visual nature) and they are cut off from most of the social intercourse because the deaf and dumb use signs to such a very great extent among themselves, and conversation which has to be spelled out is not only difficult for them, but very tedious. For this reason it is essential that the deaf and dumb blind should have plenty of resources within themselves, and should be encouraged to cultivate interests which will keep not only their hands but their minds pleasantly occupied.

The Child.

The primary need of the deaf-blind child, as with others, is educational, but education must obviously be of a very special nature if it is to succeed even in giving him some means of communication with normal people. Fortunately, the problem of early training and education does not arise with any frequency, as, in this area, no cases under the age of 5 have been notified, and only one of the three children of school age is considered to be educable.

It is generally agreed by experts, and Dr. Eichholz gave expression to this view in his report, that the early stages of education are best undertaken by teachers for the deaf, as the first task must be to instill a knowledge of language and speech. Provision for the teaching of Braille must also be made, and for this reason, Dr. Eichholz recommended that education should be undertaken in schools with departments for both deaf and blind children. Even when individual instruction can be given over long periods, it is obvious that the difficulties of teaching the deaf-blind are immense, as a teacher for the deaf cannot employ the usual methods of instruction.

Contrary to accepted theory, the progress of the one school child in the area seems to show that there is a good deal to be said for educating a child in a school for the blind, though this may be an exceptional case. This boy is now 10 years of age, is remarkably intelligent and eager to learn, and has been educated mainly by the teacher in charge of the infant class at a residential school for the blind, who has taught him to understand words (and to speak) by placing his thumb on the lip of the speaker with his fingers underneath the chin. There is no doubt that this method, though open to criticism on hygienic grounds, has been highly successful, and, living as he does among children with normal powers of speech to whom he "listens" in this same way, he has been able to extend his vocabulary to a greater degree than would have been possible had he lived among other deaf children. His vocabulary appeared to compare very favourably with deaf children of the same age, and his articulation is remarkably good. He has now moved up to a class among boys of his own age and attempts all the lessons which they do. He is being taught to associate speech with Braille type and finger spelling, and he can now read uncontracted Braille in simple language quite well.

The obvious defect of this system of education, however, is that the rest of the class is bound to suffer to a certain extent while the deaf-blind child is receiving individual instruction, but this would happen equally in a school for the deaf. No method

of education which does not allow for a whole-time teacher for, at the most, two or three deaf-blind children, can be entirely satisfactory.

The two other children in this area are classed as low-grade mental defectives. One is paralysed also, and has been for years in the hospital section of a Public Assistance Institution. The other is a boy of 14 years; his physical development is quite good, he is clean in his habits and shows some signs of intelligence, but information supplied by the responsible Local Authority reveals that, at the age of three he was certified as mentally defective by a School Medical Officer, and removed to a small institution for mental defectives, where he has lived ever since. No attempt to give him special education was ever made, though it is possible that, given a proper chance, he might have been found to be educable. At this stage, it is difficult to say, for any deviation from normal routine quite understandably sends him into a panic.

This case demonstrates a need for early ascertainment and co-operation between the Blind Welfare Societies, organisations for the deaf, and the local Medical Officers, in dealing with blind and defective children.

The Adolescent. - Age Group 16 - 21.

Two out of the three young people in this age group also are mentally defective, and both are being cared for in mental colonies, attempts at education in both cases having proved useless. As far as the normal deaf, dumb and blind child is concerned, occupational training after leaving school, is obviously the most satisfactory course, and should be possible, given a knowledge of the Manual Alphabet, and a reasonable amount of manual dexterity. In actual fact, practically all the occupational training schools for the blind in the North of England are willing to accept trainees of this description, and a good proportion of cases that were suitable have, in the past, been successfully trained. The general opinion of instructors seems to be that though the first stage of training is necessarily slow and difficult, once the principle of the task is grasped, progress compares well with the hearing blind, as concentration is usually more sustained, owing to their immunity from outside distractions and the conversation of fellow workers.

It is satisfactory to find that the one possible trainee in this category (a girl who lost her sight during her last year at school) is now receiving instruction in a workshop's training department as a machine knitter. She is also being taught Braille.

The Adult.

The need for early treatment of the additional defect is so obvious that Missioners for the Deaf should pay particular attention to this matter, and should urge members of their Missions and Clubs to have an expert diagnosis immediately their eyesight begins to fail. A number do, in fact, arrange for cases which are known to them to consult ophthalmic surgeons either privately or at hospital and pay for spectacles in necessitous cases, and this is an excellent service which should be universal. Workers for the deaf might also make a point of finding out if their Local Authority has a Prevention of Blindness Scheme, and if so, should bring it to the notice of all members.

a) Employable.

The resources of able-bodied adults who are deaf, dumb and blind are so limited that, whenever possible, they should be given the opportunity of having technical training which will enable them to become economically independent. Constant occupation and the knowledge that he is earning his living is more important, in fact, to the mental welfare of a deaf-blind man than economic independence.

It must be recognised that employment open to persons in this category is limited almost exclusively to the occupations which are followed in workshops for the blind. The achievements of Miss Helen Keller are sometimes quoted in support of a theory that a certain proportion could be trained to the higher professions, but her opportunities for intellectual advancement were quite exceptional; in this country higher education even for the sighted deaf is limited to those who can afford to pay for a private tutor. In actual practice, no persons in this category have been discovered who have sufficient mastery of language even to earn their living as Braille copyists, an occupation which is followed successfully by several blind persons who have become deaf after having received a normal education. It may be that, given the same opportunities as Miss Keller, a few at any rate, might have become equally and deservedly renowned, for their achievements in the circumstances have been remarkable. One woman, for instance, who lost both sight and hearing in infancy, and was educated in a school for the deaf, but never had the constant companionship of one trained person, is now an expert chair-caner, reads Braille easily, and is the life and soul of any social gathering.

In Training.

Three persons in the 21-40 age group (two men and a woman) are still in training, and only one of these persons commenced training immediately after leaving school. Good reports have been received about all three. Three other persons in this age group are described as trainable, but two who have been given the opportunity have refused, one being a man who has lived all his life on a farm and who prefers to do odd jobs about the place, and the other a young woman who is in comfortable circumstances and has cultivated various hobbies which keep her occupied. The remaining case is being followed up and will probably start training in the near future.

Employed.

Five men and two women are employed in Workshops for the Blind, in the trades of basket making (3), brush making (1), firelighter bundling - unskilled (1), machine knitting (1), chair caning (1). Another man who is not totally blind is employed as a door to door collector by the local Deaf Mission. The one person who comes under the heading of "trained but unemployed" worked as a boot repairer in a workshop for the blind, but was decertified some years ago, and has only recently been admitted again to the register of blind persons. He is to be given a trial in the workshops again as soon as there is sufficient work in that particular department.

The lot of those who are in training schools or workshops is comparatively fortunate, as they are kept occupied for the greater part of the day, and all of them have other interests to occupy the time when they are not working. Apart from one who is in a residential training school, and two who live in hostels for blind workers, the workers and trainees in this area live with other members of their family; most of them are able to read Braille, and all but three are in touch with their local deaf missions.

b) The Unemployable.

The majority of the adults in this category (89 out of a total of 105) are unemployable, and it falls to the organisations for the welfare of the blind and the deaf to give them the special care which they obviously require.

Owing to the lack of resources available to the Missions and Institutions for the Deaf, however, the deaf, dumb, blind person is, in practice, dependent on the skill of the Home Teacher for help in adjusting himself to his defects, and making the most of the resources at his command.

Apart from the mentally retarded and defective, only a few of the adult unemployable deaf-blind lost their sight in childhood, and it is inevitable that the adjustment to blindness of the adult deaf and dumb, who throughout their life depend so much on their eyesight, and train themselves to watch instead of to listen, should be more difficult than for a normal person.

The training of a Home Teacher, however, does not, as a rule, fit her for establishing really satisfactory understanding with a deaf and dumb person, nor is it right that she should be expected to understand the psychology of a born deaf person and the intricacies of the sign language. Experienced workers for the deaf know that such a knowledge takes years to acquire, and after all, the number of blind persons who are also deaf and dumb is so small that, from the Home Teacher's point of view the problem is not one of any great magnitude. In actual fact there are 195 Home Teachers in the area, and only 111 deaf dumb blind. In addition, most Home Teachers have not got the time to devote to cases of this nature; even if she devotes an hour or two every week, which is, of course, necessary for instruction, the Home Teacher is conscious that a number of other blind persons also have demands upon her time, while the majority cannot, and in practice, do not give as much time as this to their deaf-blind cases. In any case, unless instruction is being given, sustained conversation is so difficult to anyone not trained to understand the born deaf, that one is often conscious of spending time to practically no purpose.

The Home Teacher then, has neither the time or the knowledge to give companionship to these people. The most she can do is to assist them by teaching them to become more or less self-sufficient, and with the help of relations and a good deal of time and patience, instruction in handicrafts can usually be given, even if Braille or Moon is impossible.

Men, in particular, require to cultivate interests if they are to retain their mental balance, for the majority of deaf women adjust themselves to blindness more easily, through carrying on with their usual household tasks. At the same time, I think it is a mistake to suppose that a deaf-blind woman who can undertake house duties requires no other interests and little companionship. Even if she is unable to take an interest in reading, simple handicrafts are a very great joy, and outings are very greatly appreciated. Owing to the difficulties of communication and imperfect knowledge of language teaching is not an easy undertaking, but any instruction which will aid such a terribly handicapped person to cultivate some means of self-expression is very valuable. It must be remembered too, that teaching is often made more difficult by reason of poor health, nervous debility, and in some cases, arrested mental development.

The difficulties of teaching Braille or Moon type are obvious. The reading of embossed literature means a great deal in the lives of many blind persons who have become too deaf to enjoy a normal social life, but the born deaf find it much more difficult to cultivate an interest in reading, owing once more to their limited

knowledge of language. Any worker among the deaf will tell one that only a very small proportion of adults who have been deaf from childhood ever learn to take much pleasure in reading, but it would probably be true to say that those who have been deprived of their sight as well, have so many sources of entertainment closed to them that they make a determined effort to cultivate an interest in reading and quite often succeed.

In view of the fact that only 70 of the persons in Category I have sufficient education to enable them to understand finger spelling (and some of them only to a limited degree) it is gratifying to find that 26 read either Braille or Moon, and that three others (one a school child) are learning Braille. The majority appear to read intelligently and with great enjoyment, though it must be more of a stimulating mental exercise than an effortless pleasure. In this connection, the interesting opinion has been expressed that deaf people prefer to read Braille rather than Moon type because, once they have memorised the contractions, they are not worried and confused by the spelling of long words. It is a fact that whereas 17 read Braille, only 9 read Moon.

In spite of all these difficulties, it is amazing what can be done by and for the deaf dumb blind (leaving aside for the moment those of sub-normal intelligence) providing they have sympathetic and expert guidance as soon as their eyesight fails. Left to themselves they quickly become despondent and then apathetic, and after a time satisfactory adjustment becomes impossible, but if they are made to realise their capabilities, they are only too eager to make the most of them. The difficulty, of course, lies in arousing them to a realisation of the possibilities which life still holds for them, and a great deal depends on the personality of the Home Teacher, and the enthusiasm which she puts into her task. If she succeeds in convincing the friends and relations that life can hold more for a deaf-blind person than meals and meditation in a quiet corner, then the battle is half-won.

It is encouraging to find that cases of this nature which are now coming on the register are being tackled in the right spirit but there is no doubt that there has been a certain amount of neglect in the past. For example, one of the cases visited in the course of this enquiry was a man of 50 who had earned his living as a labourer until he became blind at the age of 43. It appears that, apart from meal times, he now spends all his waking hours sitting quietly in a shed in the backyard of the house where he lives, doing absolutely nothing. The expression on his face was a mixture of bewilderment and resentment, until he realised that he had visitors but it was impossible to tell whether he understood anything that was spelled on to his hand as he merely nodded and smiled at everything. It is understood that he was able to read sighted print at one time so he cannot be quite illiterate, but since he lost his sight the family have made no attempt to establish a satisfactory method of communication, and have let him sink into a mental coma which he occasionally interrupts with violent outbursts of temper. A Home Teacher has visited the home every fortnight for some years with the domiciliary assistance grant, but very rarely sees the man, and has apparently been satisfied to know that he is kept clean and well fed. Whether anything can now be done for the man or whether mental degeneration is now too advanced, it is difficult to say.

A pleasant contrast is provided by the case of a woman who worked as a tailor's assistant until she was 45, when failing eyesight brought her on to the blind register. She is now just 50 years of age, and has in the meantime succeeded in learning to read and even write Braille fluently, corresponding with fellow members of the Deaf-Blind Helpers' League. In spite of poor health she insists on living alone, keeps her house in excellent condition, and when

she has any spare time does a little knitting. Even allowing for the fact that this woman obviously had superior intelligence to begin with, her progress is extraordinary, compared with the man who lost his sight about the same time, and who is surrounded by relations who should have been able to help materially in his adjustment. It may be that they did not realise the possibilities.

It will be seen from the table at the head of this section that the majority of the persons in this category are living with friends or relations, who are usually in a position to give them a fair amount of companionship, and it must be said that most of them are more fortunate than the case quoted above. The majority are unmarried and it is usual to find that they are living with parents or have found a home with married brothers or sisters who, having been brought up with them from childhood understand them better than any outsider could, and are able to interpret for them. In 8 out of the 11 cases who are married, the husband or wife, as the case may be, is a sighted deaf person, and in one case, blind-deaf (Category II). As a rule the attitude of the other members of the household is satisfactory, and indeed it is amazing to find the extent to which many people sacrifice their pleasures and comfort for the sake of an afflicted member of the family.

Even in cases where the relations are somewhat impatient and unsympathetic, the deaf-blind person is usually averse to leaving them, as he knows that only they can interpret him satisfactorily to the outside world.

The Problems of the Defective and Retarded.

The difficulties of adjustment to blindness in the case of normal deaf and dumb persons have been indicated, but a much greater problem arises in the case of the defective or retarded.

The reasons for unemployability, in so far as the age group 21-40 is concerned, have been examined, and show some of the problems with which the Home Teachers are faced. They are as follows:-

a) Mentally defective or deranged	4
b) Arrested mental development (lack of education)	3
c) Other physical defects	1
d) Combination of (b) and (c)	1
e) Poor general health (all women)	3
f) Training unsuccessful	1

.13

In the age group 40-50, 8 out of the 15 unemployable cases are either insane, mentally defective or seriously retarded. The fact that blindness became evident about the age of 40 or over, or poor general health accounts for the others not having been trained for employment.

The people under 40 in particular, constitute a very difficult problem, for it is essential that they should cultivate interests which will keep them healthy and their minds pleasurably occupied if they are not to degenerate in later life. Admittedly, in some cases of this nature, instruction is exceedingly difficult, if not impossible, but even those who are mentally defective or deranged are much

more normal in their behaviour if they are kept occupied. Occupational therapy has proved to be of such value in the treatment of mental and nervous diseases that every effort should be made to overcome the difficulties involved in providing the deaf-blind - even the retarded and mental cases - with some form of occupation. In actual fact, two of the above cases are low grade mental defectives and are physically incapable of any task, but the real problem is that of the born deaf blind person who has received no education whatever, and is in consequence, mentally retarded. Though the difficulties of communication are so very great, there are possibilities where there is intelligence.

One of these cases (who is also slightly deformed but not totally blind) is interested in various forms of simple handwork and household tasks. In her case, good home environment, understanding and patience in teaching her, have all produced a successful result, but the other three are not so happily placed. One is a boy of 22, the others women, aged respectively 30 and 34. All three lost both sight and hearing in early childhood, and have never received any education, owing, in two cases, to mistaken solicitude on the part of the mothers who have since died. One, the most pleasant and amenable of the three, has been an inmate of a mental ward in a Public Assistance Institution for some years. The other two are living with relations, but while they cannot be regarded as mental cases, they have become too "difficult" to be cared for in an ordinary household. All three have, at various times, been returned from homes for the blind as unsuitable, and it would appear that there is no home or institution which really makes provision for such cases as these.

The boy lives in a country district, and at the time when the case was first investigated, was only being visited by the Home Teacher at intervals of about 3 months. She had, therefore, been unable to make any attempt at gaining his confidence as a preliminary to instruction. The other two cases have been visited rather more frequently, and an unsuccessful attempt at teaching was made in one case, but it would be safe to say that none of these three cases has really received sufficient expert care for a long enough period to determine whether they could be trained to undertake some form of pastime occupation.

It is obvious that they require sympathetic understanding and a great deal of individual care and attention, and that if it is not forthcoming, they are bound to degenerate mentally, and become yet more unbalanced as they grow older. Already, it seems likely that the two who are at present living with relations will have to be moved to a mental colony.

Cases in Institutions and Mental Hospitals.

The need of the adult unemployable deaf-blind for companionship and occupation has already been stressed, but as far as cases in Public Assistance Institutions are concerned there is great difficulty in providing adequate services. Though there are only 17 cases in this category who are resident in Institutions, the proportion is high compared with the ordinary blind population, as the figures given in the most recent report of the Northern Counties Association for the Blind show that the number of blind persons in Public Assistance Institutions is only 2.41% of the blind population in the area. The number of deaf and dumb blind in mental hospitals and homes is proportionately high.

The special problems involved in dealing with deaf-blind cases of all categories who are resident in Institutions and Mental Hospitals will be examined in another section of this report.

CATEGORY II. (Blind and totally deaf but able to speak).

Statement of Age Groups.

<u>Age Group</u>	<u>Total Number.</u>	<u>Sex.</u>		<u>State.</u>		
		<u>Male.</u>	<u>Female.</u>	<u>Single.</u>	<u>Married.</u>	<u>Widowed.</u>
Under 21	-	-	-	-	-	-
21 - 40	38	13	25	29	9	-
40 - 50	55	28	27	33	22	-
50 - 65	151	51	100	88	41	22
65 - 70	57	16	41	23	15	19
70--	82	24	58	32	10	40
Total	383	132	251	205	97	81

(A detailed statistical statement will be found under Table 6 at the end of this report.)

General.

This category includes registered blind persons who are able to speak and have a normal knowledge of language, but have become totally deaf to speech. It can be assumed as a rule that they have received education in a school for hearing children, and in fact, this is true of the majority. A few have been educated in schools for the deaf, but retained sufficient hearing for long enough to acquire a normal vocabulary. Some who attended ordinary elementary schools were so hard of hearing, even then, that they actually received no education whatever.

Though the persons in this category are deprived of the two faculties which many people would regard as absolutely necessary to existence, they are yet not so isolated as the born deaf. The fact that they have heard, have acquired speech and language and therefore can express themselves in a way which is intelligible to everyone, makes them more socially acceptable. Even if they are quite uneducated and unable in consequence to receive communication satisfactorily, their burden is lightened if they can talk about it - and a good listener can always express sympathy without words.

A difficulty that must not be lost sight of, however, is that a totally deafened person tends, after a time, to lose his power of intelligible speech. The danger is even greater in the case of a blind person, for whereas a sighted deaf man may soon become aware, from the expression on a companion's face, that his clarity of speech has become impaired, a blind deaf man might go on talking quite unconscious of the fact that he is barely audible, and friends, from an excess of tact, omit to point it out until speech has deteriorated so much that it is very difficult to follow. Constant effort is required if clear speech is to be retained, for once bad habits of speech have been formed, they are very difficult to eradicate. It was a totally deaf-blind man who suggested that Institutes and Missions for the Deaf should have classes in speech training and voice production for the benefit of the severely deafened. He thought that there were bound to be others besides himself who were afraid of losing the power of clear articulation and who would appreciate expert help.

It is unlikely, however, that there would ever be much demand for such instruction, judging by the failure of various efforts to attract the deafened to lip-reading classes in any great numbers.

The Eichholz report remarked on the "comparative want of success which has attended the establishment of welfare societies for the deafened in this country", and noted that returns made by the deaf missions show that only about 1.5% of the members are deafened persons. There is no reason to suppose that the position has altered, for they have very little in common with the deaf and dumb, and those who are also blind cannot even appreciate the visual entertainments which are arranged by the Missions.

The task of helping the deafened blind to retain clear articulation falls, in practice, to the friends and welfare visitors, and will probably continue to do so, and though it may be difficult, it should not be shirked, for it is important that social contacts should be made as easy as possible.

Necessity for early treatment of additional defect.

It is obviously desirable for everyone to seek expert medical advice when eyesight or hearing begins to fail, but eyesight is so very precious to the deaf, and good hearing equally so to the blind that it is not only desirable but essential that the deaf and the blind should receive expert diagnosis and treatment as soon as the additional defect becomes evident. Unfortunately, the deafened are very rarely in touch with welfare organisations and the care of their eyesight has to be left to their own initiative, but it is important that welfare workers for the blind should do everything in their power to encourage and assist those under their care to consult an aural specialist at the first signs of deafness. Arrangements can usually be made for consultation at hospitals, and if necessary expenses of the patient and a guide should be found.

Adjustment to the additional defect.

Home Teachers and visitors frequently experience difficulty in inducing the totally deafened blind to use the Manual Alphabet as a means of communication, particularly, it seems, those who are already totally deaf when they come on to the blind register. People who become completely deaf in adult life seem to be rather self-conscious about learning finger-spelling, and usually prefer to depend on lip-reading and the written word as long as they have any sight. The Home Teacher has the greatest difficulty in adjusting such people to blindness, as they insist on trying to lip-read and to decipher written words long after such a method has ceased to be effective.

The blind person who becomes deaf is rather easier from the Home Teacher's point of view because she has already established contact, will probably have gained his confidence and may have taught Braille or Moon - which can always serve as a means of communication if all else fails. At the same time, such a case usually likes to make an attempt to hear the spoken word even when hearing is practically non-existent, and in the early stages of deafness, often stubbornly refuses to admit that the hearing is in any way impaired. It is a curious fact that most people have no objection to acknowledging defective vision but hate to admit that their hearing is imperfect, which seems to show that in the popular mind there is a certain amount of social stigma attached to deafness. In any case, the difficulty of inducing both the blind person who becomes deaf and the deaf person who becomes blind to learn the Manual Alphabet, is undoubtedly based on a deep-rooted and instinctive desire to be normal, to behave as other people, and to retain the same means of communication as long as possible. The welfare worker for the blind-deaf has always to face this and to try to show that such an attitude only cuts off the deaf-blind from the normal world even more than need be, and that to retain contact with sighted and

hearing people it is necessary to use the most effective means of communication which is open to them. If possible, blind persons whose hearing is failing should be taught finger-spelling before they become totally deaf, and though they are usually unwilling they can often be persuaded to learn by bringing them into touch with someone who has no other means of understanding. Once the letters are learned - for the sake of someone else - the ability to receive is soon acquired when it becomes necessary.

Method of Communication.

Everything in the life of a deaf-blind person depends on establishing an intelligible method of communication, and it is generally agreed that the Manual Alphabet, as adapted for deaf-blind persons is by far the most satisfactory method. Reference to the table No. 6a at the end of this report, however, shows that only 220 out of the 383 totally deafened persons in this area are able to receive communications in this way; as might be expected, the proportion is much higher among those under 50 than among the older people.

The rest use various methods of communication, one of the most common among the literate being the tracing of block letters on the hand. A number of deaf-blind people prefer this method and steadily refuse to learn the Manual Alphabet, their reason being that almost any sighted person can form block letters, while comparatively few are familiar with the Manual Alphabet. Some others prefer their friends to take hold of their fore-finger and trace letters on a flat surface or even in the air, some have sufficient sight to read (always with great difficulty) large print or writing, and the illiterate depend on lip-reading or a system of natural signs, which, as a rule, are quite incomprehensible to anyone outside their own immediate family circle. A few have really no method of communication apart from signs for "yes" and "no" and arrive at any subject by a process of elimination. Incidentally, the amount of information which can be gathered by this means is surprising.

The following table shows the methods used for communication with the totally deafened.

a) Educated.	Manual Alphabet.....	220
	Learning Manual Alphabet.....	3
	Block letters traced on the hand	
	or holding the fore-finger.....	24
	Sighted print and lip-reading.....	33
	Braille or Moon type.....	8
	Wooden block letters.....	2
	Signs.....	1
b) Semi-literate.	Signs and lip-reading, plus a few written words.....	11
c) Mental cases.	Signs. No satisfactory method.....	20
d) Illiterate.	Lip-reading.....	28
	Signs.....	28
	No method of communication owing to paralysis.....	1
e) New cases.	Accurate information not obtainable....	4
		<hr/> 383 <hr/>

Training and Employment.

At present there are no totally deafened blind persons in this area under the age of 21, and there are only 93 persons under the age of 50. 23 persons altogether are employed in workshops for the blind or as Home Workers in the following trades:-

Basket and skip making.....	6
Bedding and mattress making.....	2
Boot repairing.....	2
Brush making.....	1
Mat making.....	1
Chair caning.....	2
Machine knitting.....	7
Handloom weaving.....	1
Braille copying.....	1

Two persons are employed elsewhere, one being a St. Dunstaner; the other is employed as a casual labourer. Three persons in the 21-40 age group are still receiving technical training, and all the rest are classed as unemployable, apart from one person described as trainable, in this case a girl of 25, whose parents refuse to have her trained for any occupation.

Of the 24 persons in the age group 21-40, three have in the past been trained, but are now unemployable owing to poor physical condition or instability of temperament. The others are unemployable or untrainable by reason of poor health, mental deficiency or instability, lack of education, and in the case of 4 women, marriage.

The Unemployable.

Like the deaf and dumb blind, the main need of the totally deafened - the majority of whom are middle-aged and unemployable - is for companionship and occupation, but the task of meeting this need is considerably easier as they have the language, and to a great extent, the outlook on life, of a normal person. Providing that they have sufficient education to learn and understand the Manual Alphabet, communication can easily be established and the danger of misunderstanding is slight, for any sighted person can learn the Manual Alphabet well enough to spell words on to the hand of a deaf-blind person in a very short while.

Even so, it cannot be denied that a prolonged conversation, even with the most intelligent deaf-blind person involves a certain amount of physical and mental effort, and a corresponding degree of nervous strain, and in any case, casual conversation while occupied with other tasks is obviously impossible.

Companionship, then, is necessarily so limited by physical factors that it is essential that the deaf-blind should have as many resources as possible in order to occupy themselves during their many hours of enforced solitude; literature is obviously a great stand-by, if they can be taught to read in the first place, and the ability to correspond with sighted and blind friends through typewriting and Braille should be cultivated if possible, but constructive pastime occupations are also important and are possible for the educated and uneducated alike.

At the same time, it must be emphasised that welfare work for the deaf-blind is essentially a personal service and the particular needs of each individual have to be studied carefully. The deaf-blind are dependent to an extraordinary degree on the goodwill of others for help in innumerable undertakings, and quite often there are various small services which a visitor can undertake which even the best-intentioned family cannot render, either through lack of

time or disinclination on the part of the deaf-blind person to confide in them. The deaf-blind suffer inevitably from a lack of privacy which must be galling to anyone of an independent spirit, and there are times when they may prefer to entrust transactions of a personal or private nature to someone outside the family circle. In addition, they may require assistance in personal shopping, someone to act as guide and interpreter for visits to doctor, dentist and hospital, an interpreter for religious services, or simply a guide and companion on short walks. A number of deaf-blind people suffer in health simply from lack of exercise, nerves suffer from want of outings and occasional change of environment, and many unfortunately have to attend hospital for various ailments or for treatment for eyes and ears. On these occasions an interpreter is essential.

Miss le Pla, in one of her published articles has remarked on the readiness to serve others which is characteristic of so many deaf-blind people, and it is a fact that those who have succeeded in adjusting themselves to their physical defects are always very ready to help the more backward. This is very natural, for everyone of normal intelligence likes to feel useful, yet the deaf-blind must feel that they receive much more than they are able to give, for their opportunities for disinterested service are so limited.

Contact with each other is therefore very valuable for the deaf-blind (either through social meetings, at a Holiday Home such as the one at Hoylake, or simply by correspondence) for the backward and mal-adjusted are helped and encouraged, and the brighter and more intelligent have an opportunity for service. No one can possibly understand and help a person who loses both sight and hearing better than another who has been through the same experience, and succeeded, in spite of everything, in living a full and useful life. As always, example is so much better than precept.

In considering the needs of the unemployable deaf-blind, it must not be forgotten how much most of them appreciate outings, socials and tea-parties - particularly in the company of an efficient interpreter - and that an annual holiday is of inestimable benefit to their mental and physical welfare.

Some indication has been given of the needs of the persons in this category, but an examination of their actual circumstances shows that, while very few are actually neglected, the majority fall far short of the ideal. In the first place, the fact that such a large proportion are either in receipt of domiciliary assistance or maintained in Homes or Institutions out of public funds shows that they cannot save up to buy themselves little luxuries such as Braille watches, or to pay for little treats and day's outings (when the expenses of a guide often have to be found) without considerable hardship, while a holiday is an impossibility for most of them unless they receive extra financial assistance. This is, of course, equally true of a large number of the hearing blind, but the deaf-blind are so much more handicapped in every way, that discrimination might be exercised in their favour with regard to extra grants for special purposes. A few Blind Welfare Societies already do this, and since the opening of the Holiday Home for the Deaf-Blind at Hoylake, some authorities have responded to an appeal to assist certain deaf-blind people to have a holiday there, but the practice is not by any means general. The National Deaf-Blind Helpers' League makes special grants to members in case of need, but as only about half the totally deaf-blind population in this area is in touch with the League, a vast number never get any assistance for special purposes.

It has already been noted that only 220 out of 383 are familiar with the Manual Alphabet. 150 are able to read either Braille or Moon type, but only a small proportion can write Braille, while not more than half a dozen can use a typewriter - if as many. Only 112

persons are in touch with Deaf Missions or are known to the Missioner and practically all of these are in five towns - Leeds, Liverpool, Manchester and Newcastle, where special services or social gatherings for the deaf-blind are held at the Missions, and Sheffield, where the Missioner has co-operated with the Blind Welfare Department in the organisation of weekly classes. A few deaf-blind from Birkenhead are in touch with the Liverpool group, while the special socials at Manchester attract a number of deaf-blind from adjacent Lancashire towns. In Birkenhead, Bradford, and of course Hoylake, the Deaf-Blind Helpers' League is very active in arranging social gatherings, but apart from these centres, there are large areas with a number of totally deaf-blind who have no opportunity of meeting others. Some are firmly convinced that they are the only deaf-blind in the world, and have been singled out by a malignant and unjust providence for special punishment.

As far as personal interests are concerned, there is a great difference between the accomplishments of the deaf-blind in different areas, and it is safe to say that the more they are able to do, the happier they are. A great deal depends on the time which a Home Teacher can devote to her cases, and even more on her personality. In some districts every deaf-blind person - even the illiterate - had a knowledge of some form of pastime occupation, the results of which they were exceedingly proud to display, while in others there had been practically no instruction - sometimes because the Home Teacher had a large district to cover and too many cases to look after, but occasionally the cause seemed to lie in want of enthusiasm and failure to realise the possibilities. To quote one example, a retiring Home Teacher had reported a certain deaf-blind case as impossible to teach - she had been trying for two or three years to induce him to learn the Manual Alphabet, without success; he was well-known as an obstinate and "difficult" case. Her successor, full of cheerful enthusiasm, gained his confidence in the course of a few weeks, persuaded him to learn the Manual Alphabet and to take up hobbies which he had dropped on losing his sight, and finally aroused his interest in Braille. This man is no longer a "problem" case.

Referring to reports made at the conclusion of investigations in each district, it is abundantly clear that the Home Teachers are unable to give as much time to the deaf-blind as most of them would like to, and which is, indeed, necessary to their welfare. Conditions vary enormously, but the effect seems to be much the same, for in districts where visits are paid to the homes fortnightly the regularity and frequency are offset by the fact that the Home Teachers are almost invariably delivering domiciliary assistance grants, and even if there are only about 80 cases on the register (which is rare) a Home Teacher cannot spend much time with any one person when possibly two half days a week are taken up with handicraft classes and socials, and there is teaching in the home to be done as well. Time for clerical work has also been allowed for. Sometimes, grants have to be delivered fortnightly over quite a wide area - and visits are cut short owing to the exigencies of the transport services. In some districts, where grants are not delivered in the homes, the deaf-blind are rarely visited oftener than once in three weeks, and in others, owing to excessive numbers or the extent of the area to be covered (or a combination of the two) four or six weeks elapse between visits. On the whole, the visits of the Home Teachers are either insufficiently frequent or of too short duration to enable them to render the best possible service to the deaf-blind, and voluntary workers (who could perform services which no Home Teacher could possibly find time for) are conspicuously lacking throughout the area. With very few exceptions, the deaf-blind have to depend on the members of the family or neighbours to act as guides and interpreters and to perform the various small services which have been indicated. The contention made by a number

of workers for the blind that the deaf-blind do not want voluntary visitors is not born out by the facts in the few cases where the services of such a worker have been secured, and personal visits paid to a great number of homes has proved that they do enjoy visits and the making of new contacts, judging by the appreciation expressed and the innumerable invitations to call again.

The Problem of the Illiterate.

To most workers the illiterate are the real problem, as once sight and hearing fail, satisfactory communication is really impossible. Even if education has been very limited, it is frequently possible to teach the Manual Alphabet with the aid of capital letters formed with cardboard or wood, so long as the ability to read simple words has at one time been acquired, but in the case of those who are thoroughly illiterate and are middle-aged or elderly, one cannot hope to do more than teach them the names of a few objects and proper names. Even this is sometimes impossible when they are too nervous to receive instruction. This fact has to be faced and careful consideration has to be given to the best possible means of helping these people.

The number of totally deafened persons in the area who are known to be quite illiterate is 56, and 11 more are thought to be so as they depend purely on signs or lip-reading, and so far have failed to "take in" the Manual Alphabet. These figures, of course, do not include the 20 mental cases, with whom no satisfactory communication is really possible. All except 8 of the known illiterate are women, only 3 are under 50 years of age, and exactly half the number have sufficient sight to lip-read to a certain extent, though in many cases it is extremely difficult to convey an accurate message by this means. The others depend on signs of various sorts and a few are extraordinarily quick at grasping a subject; dates and times can always be conveyed, as none are so backward, except the mental cases, that they cannot recognise numbers when traced on their hand or on to a flat surface with their forefinger.

In many cases the Home Teacher has to rely on neighbours or other members of the family to convey her messages, and the only course open to her in such cases is to enlist the aid of these people in giving the deaf-blind person instruction in simple handicrafts or in encouraging her to keep up or to renew special hobbies. In some cases the enlistment of a voluntary worker to take a deaf-blind person out for walks would be a very useful service. Knitting is a great stand-by for many elderly women, and even if they have never previously knitted, they usually have some idea as to how it should be done. If they can be provided with material to make articles, either for the use of themselves, their friends and relations or for some definite charitable object, the feeling that they are really doing useful work, does much to keep them happy. It is important, however, that they should not feel that they are making useless articles; even the most amateur efforts can usually produce dishcloths or plain knitted squares which can be stitched together and made into a cot quilt or blanket. Unless the health is too poor, or the mentality weak, even the illiterate can often be provided with sufficient interests to keep them happily occupied, given a little ingenuity on the part of the Home Teacher, and help from sighted friends.

CATEGORY III (Blind and partially deaf).

Statement of Age Groups.

<u>Age Group.</u>	<u>Total Number.</u>	<u>Sex.</u>		<u>State.</u>		
		<u>Male.</u>	<u>Female.</u>	<u>Single.</u>	<u>Married.</u>	<u>Widowed.</u>
5 - 16	8	7	1	8	-	-
16 - 21	2	-	2	2	-	-
21 - 40	55	21	34	42	13	-
40-- 50	90	41	49	42	39	9
50 - 65	318	132	186	107	148	63
65 - 70	147	70	77	39	65	43
70--	435	179	256	66	100	269
Total.	1055	450	605	306	365	384

(A detailed statistical statement will be found under Table 7 at the end of this report).

General.

It is difficult, failing scientific measurement, to formulate a standard of deafness which can be applied to persons in this category, and in fact, the only practical test is response to the human voice. An enormous number of blind people are reported to have "slightly impaired hearing", particularly in the over 70 age group, and if all these people had been included this category would probably have covered about half the blind population.

Roughly, it may be said that the persons included (68.1% of the whole) are those who are too deaf to follow an ordinary conversation without the help of an aural aid, but who can follow the conversation of one person speaking directly to them in a clear raised voice up to a distance of three feet, and who can distinguish isolated words spoken clearly and loudly up to a distance of about 5 or 6 feet. A very familiar voice is often heard at greater distance. Needless to say, the classification "hard of hearing" covers a wide range of deafness, but it is difficult, if not impossible, to subdivide further. All are more or less seriously handicapped, and a number are so deaf that they can only distinguish a few words spoken right into their ear by one familiar voice. For most practical purposes, such people are totally deaf, but in the last resort, communication by the spoken word is not impossible, and therefore they must be classed as hard of hearing.

It is obvious that a slight loss of hearing which to the sighted may be merely an inconvenience, would be a calamity to the blind, as they train themselves to depend on their hearing not only for entertainment, but to enable them to find their way about, to judge distances and so on. Eyesight is equally precious to the partially deaf, as by careful observation they can locate imperfectly heard sounds and in conversation can correlate the sounds heard with the movement of the speaker's lips.

Special Problems of the Hard of Hearing.

The partially deafened blind are obviously not nearly so seriously handicapped as the totally deaf, as they are not entirely cut off from aural communication, and adjustment to the defects is considerably easier. At the same time, they are cut off very

largely from public entertainments, such as concerts and lectures and from participation in religious services, and they miss a great deal of social intercourse through not being able to follow conversation unless it is addressed to them directly in a raised voice. The constant strain of trying to hear is apt to make them nervous and irritable; they miss the casual interchange of household gossip, and when they hear murmurings around them often imagine that they are being deliberately excluded. This attitude is sometimes justified as friends and relations of the deaf too often fall into the habit of discussing that person in their presence, knowing that they will not hear. The deaf are quick to realise this, and naturally tend to become suspicious when they are aware of conversation going on in the same room.

Misunderstandings have always to be guarded against as it is characteristic of many deaf persons to pretend they have heard - either through the fear of appearing stupid or to avoid troublesome repetition - when in fact they have not, and the fact that they may genuinely believe that they understand perfectly when they are really under a misapprehension has also to be taken into consideration.

Necessity for Early Treatment.

It is hardly necessary to emphasise once more the importance of medical treatment as soon as deafness becomes evident; Home Teachers should assure themselves that all blind people whose hearing becomes impaired are having the benefit of the best available treatment.

Hearing Aids.

The best service that can be rendered to persons in this category, assuming that medical skill cannot alleviate the condition, is to help them utilise to the best possible advantage the hearing that remains to them. Results of research undertaken in recent years by Dr. Kerridge in London, and by Dr. Littler, and Dr. and Mrs. Ewing at Manchester University, have proved that many severely deafened persons can be assisted to hear very much better with a suitable type of aural aid, but it is important that the choice should not be left to them, nor should recommendations as to the type required be left to a commercial firm which is interested, first and foremost, in sales and profit-making. The deafened want to hear if they can, and in spite of much useful propaganda work by the National Institute for the Deaf (which has drawn up a list of approved dealers and published a handbook on the choice of a hearing aid) many people who can ill afford it are still induced every day to spend money on some of the much advertised instruments for which such exaggerated claims are made by their sponsors, and which are often proved to be almost useless. Not only are they frequently unsuitable but the price of a great many is fantastic compared with their actual value. As Dr. Kerridge has pointed out:-

"The position would be simpler if all the instruments of which extravagant claims are made were valueless, but this is not the case. Many of them are quite scientific in principle, and some good in detail, but most are sold without discrimination. Hearing testing, which is often carried out by the same firms, could be carried out by them well and honestly, but it is the exception to find this done."

It is essential that the blind, to whom good hearing is so valuable, should have the best possible guidance in this matter. Experts are agreed that the only satisfactory way of determining whether a hearing aid can help, and if so, what type is the most appropriate for any particular case, is to have in the first place

an audiometer test conducted by experts in order to ascertain the degree of residual hearing, and a further test with a range of typical instruments in charge of someone who understands their principles.

In the North of England, tests of this nature can be carried out at the Manchester University Department for the Education of the Deaf and at a clinic in Liverpool, and it is satisfactory to report that, following the decision of the Northern Counties Association for the Blind and the North-Western Counties Association for the Blind to pay one-third of the cost of hearing aids prescribed by properly qualified persons, a number of authorities have already sent blind persons to Manchester University, and have paid a large part of the cost of any hearing aid supplied. Some of these people have had to travel long distances and there is an obvious need for other clinics of this nature in the area.

The School-child.

Schools for the blind, blind welfare organisations, and a colony for mental defectives have between them reported 8 blind children of school age who have noticeably defective hearing, seven of whom are boys. Two boys are mentally defective, one of them being in a colony and the other cared for at home. The girl is crippled and epileptic, and she also is with her parents.

The remaining five boys are being educated at residential schools for the blind, one at Liverpool, one at Manchester, one at Newcastle and two at Leeds. They all have to sit as close as possible to the teacher when in class, and the two boys at the Leeds school have to be spoken to at close range in a clear voice. In practice, the teacher speaks directly to them and the rest of the class listens, and though they are being educated as normal blind children they are, in addition, being taught the Manual Alphabet. It is certainly desirable that any blind children whose hearing is defective should learn finger-spelling before they leave school. All these children are, of course, under medical supervision, and special care is being given to their hearing.

Training and Employment.

Technical training for the partially deafened may be much more disturbing for their fellow trainees, but is obviously not nearly such a slow progress as instruction by means of the Manual Alphabet, and should not be an insuperable bar to training.

Only two persons in this category are between the ages of 16 and 21, both are girls, and one of them is in a mental hospital. The other is being trained as a flat machine knitter in a residential training school for the blind. Only 4 other trainees, all over the age of 21, are reported as being partially deafened. One had been trained as a boot and shoe repairer, and at the time of the investigation in his district, had been unemployed since the completion of training some years previously. Representations made to the authority have now resulted in his entering a workshop for a probationary period of training in another occupation which promises better prospect of employment.

3 of the 5 trainees are having medical treatment and may have their hearing tested later. One other has already had this done (unfortunately without any result) and arrangements are now being made for the fifth to have an audiometer test.

Only 7 cases in the 21-40 age group are considered to be trainable, and there is some doubt concerning two of these cases owing to lack of education. Two others have refused training under

pressure from their family; one other was trained as a basket maker and never employed owing to poor health, but his health having now improved, he is anxious to train as a Braille copyist. The remaining two cases are being followed up with a view to technical training if possible.

57 persons altogether are employed in workshops for the blind or as Home Workers, in the following trades:-

Basket and skip making.....	12
Mat making.....	10
Brush making.....	7
Rush seating.....	2
Cork fender making.....	1
Wood chopping and bundling (unskilled) ..	4
Machine knitting.....	9
Chair caning.....	6
Hawker (Classed as Home Worker).....	1
Braille Copyists.....	4
Braille proof reader.....	1
	<hr/>
	57
	<hr/>

A few craft workers have alternative trades; the two whose main occupation is rush seating have been trained also to mat making and skip repairing respectively and three of the chair caners can turn to the making of light baskets, if necessary.

Two of the 6 persons classed as "otherwise employed" are engaged respectively in mat making and rug making for St. Dunstons. The others work on their own account, two as newsagents, one as a tea salesman, one as a joiner, and one as a long-shoreman employed by a ferry company.

Most of the workers have a number of other interests and hobbies, and 51 out of the total of 64 workers read Braille or Moon type, practically all of them being Braille readers.

The Unemployable.

An unusually large proportion of the persons in this category are classed as unemployable, the reason being that more than half the total number are over the age of 65; in fact, just over 40% are over 70 years of age. A large number of these elderly people are contented if they have a comfortable home, sufficient food and a nice fire to sit by, and do not want to be bothered with instruction of any sort or wish for any outside entertainment. The majority, however, do appreciate a good wireless set. Very few are able to read raised type, but in most cases the defects are of fairly recent origin.

At the same time there are a number among the middle-aged whose needs must be considered. It is satisfactory to find that less than half the number in the age group 21-40 are classed as unemployable, the reasons being as follows:- poor general health (7), mentally defective, retarded or insane (9), training unsuccessful (1), age at onset of blindness - over 35 (1), and in the case of 4 women marriage.

It has already been emphasised that the best service that can be rendered to the partially deafened is to assist them to hear if possible, and certainly to ascertain whether personal hearing aids can be of any use. Apart from this, many deafened people can derive a great deal of enjoyment from public entertainment when amplifying instruments with earphones for individual use are installed at places

of entertainment. Two social centres for the blind in this area have already installed amplifiers of this nature for the benefit of their hard of hearing, who naturally attend in great numbers, and this is a precedent which might well be followed by other organisations.

The reading of embossed literature and pastime occupations are almost as important for the hard of hearing as for the totally deaf, as a number are too deaf to hear anything that is going on around them or even to enjoy the wireless, however well amplified, and are thus thrown very much on their own resources. Reference to Table No. 7a shows that 211 are readers - a much smaller proportion than among the totally deaf.

To a great number, however, a good wireless set is an enormous consolation, even more so than for the ordinary blind, as the deafened, who miss the greater part of any public entertainment and social intercourse, rely much more on entertainment in their own homes.

For this reason it is desirable that the partially deafened blind who have sufficient hearing to enable them to enjoy the wireless programmes, should be the first to be supplied with efficient sets. A number of deaf-blind can only hear through earphones, but a great many more prefer loud-speaker sets, as they find the pressure of earphones much too uncomfortable to be tolerated for very long. It is essential, however, that they should be installed with due regard to the comfort and convenience of the deaf-blind person, who will want to have his radio, if at all possible, in such a position that he can sit in a comfortable and warm spot, and have the loud-speaker on a level with and in close proximity to the ear with which he hears best. In any case, it is much less disturbing for the family and neighbours alike if the wireless set is conveniently placed.

As a rule this matter is attended to, but homes have been visited where the wireless set appeared to have been placed with more regard for the convenience of the family than for the deaf-blind person. For example, one elderly lady had to stand and lean over a dresser in a very uncomfortable position to enable her to hear anything except the loudest music. In that particular case, a longer flex to the loud-speaker would have enabled it to be moved to a table by her armchair whenever it was wanted.

CATEGORY IV. (Deaf and partially blind. Not on blind register.)

Statement of Age Groups.

Age Group.	Total number.	Sex.		Single.	State.	
		Male.	Female.		Married.	Widowed.
Under 5	-	-	-	-	-	-
5 - 16	3	3	0	3	1	-
16 - 21	1	0	1	1	1	-
21 - 40	11	6	5	11	-	-
40 - 50	7	5	2	6	1	-
50 - 65	1	0	1	1	-	-
65 - 70	5	2	3	5	-	-
70--	2	2	0	2	-	-
Total	30	18	12	29	1	-

(A detailed statistical statement will be found under Table 8 at the end of this report).

The cases which are grouped together in this category are those who have been notified by schools and Missions for the Deaf as having highly defective sight, deaf persons who have been on the blind register and later decertified, and cases notified by mental hospitals who are not actually registered as blind. A few cases of this nature who were notified by Deaf Missions during the course of enquiries and originally included in Category IV, have since been certified as blind, and have therefore been transferred to the appropriate category. A number of cases notified by mental hospitals and institutions for mental defectives should certainly be on the blind register, as 10 are described as being totally blind, but they have never been certified as such, and are therefore included in this category. The cases notified by deaf schools and missions are few, but they are a serious problem as it is difficult enough for the deaf to obtain work which will make them economically independent without the added defect of poor vision.

Education and Employment.

Two children, both boys, are deaf and dumb, and are at present being educated at a school for the deaf, but both have highly defective vision, and will probably become blind in the course of a few years. They are seriously retarded compared with children of their own age, as they received practically no education until the ages, respectively, of 9 and 14, when they were sent to a residential school for the deaf. There is such a short period for instruction that the teachers are concentrating in giving them a reasonably good vocabulary and teaching them how to spell before they leave school. Fortunately, the older boy, who is described as having the language of a child of 2½ and the social adjustments of a child of 4 or 5, has a small amount of hearing, and an attempt is being made to teach him speech and to educate him as much as possible by means of the multitone apparatus which is used for the infants in the school. It is doubtful whether this boy will ever be employable, and the prospect of either of them ever being able to earn seems remote unless they receive special technical training.

Of the adults, only 3 are employed, one as a newsagent, one girl as a shop assistant, and a man as a basket maker in a workshop for the blind. This man was employed there as a blind worker but when he was removed from the register of blind persons owing to

improved vision, he was retained, and is now paid on ordinary piece-work rates.

The Unemployable.

Only 7 other adults are outside of mental hospitals or homes; one is a married woman, another is an elderly man, and one young woman has never required to earn her living, but four persons who are apparently mentally and physically fit can really be classed as unemployable owing to the double defect. One boy, for instance, though he is only 20, has not been able to keep a job so far, owing to his defective vision, yet he has fair sight in one eye, and is not certifiable as blind. Another was trained as a blind worker and since his decertification has never been employed. Yet another has been unemployed for 7 years, but his eyesight has only recently been very defective, and he is now receiving treatment. The solution would seem to be to employ such cases in workshops for the blind, for if their eyesight is not bad enough for them to be registered as blind persons, it is presumed that they have sufficient sight to perform work for which eyesight is required. Actually, one or two workshops for the blind in the area do make a point of employing deaf and dumb persons when possible for the performing of various tasks for which eyesight is essential, but none of these unemployed partially sighted men happen to live in these particular districts.

In the meantime, such cases as these are really unemployable, and there may, of course, be others in the area as it is impossible to trace cases who are not on the register of blind persons or not known to schools and Missions for the Deaf.

DEAF-BLIND PERSONS IN HOMES AND INSTITUTIONS

	H o m e s						Public Assistance Institutions.				Total.		
	For Blind		For Deaf		Others		Main Block		Mental Wards				
	Men.	Wm.	Men.	Wm.	Men.	Wm.	Men.	Wm.	Men.	Wm.	Men.	Wm.	T O T A L
Cat. I.	2	4	1	-	-	-	3	8	4	2	10	14	24
Cat. II.	3	8	-	-	-	3	7	10	3	1	13	22	35
Cat. III	3	7	-	-	-	2	11	20	4	5	18	34	52
Cat. IV.	-	-	-	1	-	-	-	-	-	-	-	1	1
Totals.	8	19	1	1	-	5	21	38	11	8	41	71	112

Homes.

Five persons out of the 27 who are living in Homes for the Blind are employed in Workshops and make their home in the workers' hostels. The others are unemployable, and five suffer either from other physical defects or very poor health - one being bedridden. Five are over the age of 70.

The care of the deaf-blind in Homes for the Blind is not a very great problem provided the numbers are limited, and in fact most homes will admit a small proportion of such cases.. Even in homes for the blind, however, the deaf often suffer from lack of companionship, for they are cut off from all general conversations, cannot enjoy the wireless, the readings, concerts, etc. which are provided for the entertainment of the residents, and some complain that the other residents very rarely bother to talk to them and do not even keep them acquainted with the domestic affairs of the home. The interests of the deaf-blind are so circumscribed that these small matters mean a great deal to them. For example, one old lady brooded for weeks over the fact that she had not been told, until a long time after the event, that the Matron had been bereaved of a near relation, and she had therefore been unable to express her sympathy at the right time, as the others had done. The other inmates of the Home are also elderly women, and they doubtless find it tiresome to talk to her.

Residents in Homes for the Blind then, are often in need of intelligent and sympathetic companionship, which they do not always get, and though the residents of any Home are usually visited at weekly intervals by the Home Teacher for the district, her time has to be divided out between a number of persons, and the deaf-blind may only have a few minutes conversation. Sometimes this is practically their only contact with the outside world, and they may be more in need of a voluntary worker to take them out for walks and to talk to them than those living in a slum.

Many Homes do not provide to any extent for pastime occupations, but the women, at any rate, are usually kept fairly well supplied with knitting, and most of the Homes cases are readers of either Braille or Moon.

Only two cases are known to be in Homes for the Deaf. Five cases are in homes for aged or ailing women, two being bedridden cases under the care of the Sisters of St. Vincent de Paul, two in a

home for Incurables (one is a middle aged and fairly active woman) and one in a Home for distressed gentlewomen. Actually, these women have as many interests as their age and health allow, and are visited at frequent intervals by their Home Teachers.

Public Assistance Institutions.

Altogether there are 17 deaf and dumb, 21 totally deaf and 40 partially deafened blind persons in Public Institutions, 19 of whom are in mental wards. Rather more than half of those in Category III (the partially deaf) are bedridden cases who have been admitted to the Infirmary sections late in life, more by reason of failing health than any other cause. Two of the deaf and dumb (including one case of dementia) and three of the totally deafened (including one case of dementia) are also bedridden.

The able-bodied of all ages - particularly the totally deaf - are the problem, for they do require much more skilled attention than is possible in an Institution; almost invariably they deteriorate mentally if they are confined in an Institution with little or nothing to do.

Most of the deaf and dumb who are at present in Institutions have been inmates for a number of years, some have spent the greater part of their life there, and even those who are not in the mental wards are described as "peculiar" or "excessively nervous". None of them are able to read raised type, six understand finger-spelling, and apart from 3 women who are able to read-print, none of them have any form of pastime occupation. *Knit*

The opinion has been expressed that a deaf, dumb and blind person is as happy in an Institution as any where else, as he is, as a rule, the only one, and the other inmates and attendants combine to give him a great deal of attention. This may be true - in a few cases - of men, but only so long as they are able-bodied and fit to potter about the building and grounds, doing odd jobs; one man who has spent most of his life in an Institution was in this happy position until he became susceptible to bronchitis and was not allowed to continue working in the grounds. At the age of 64, he is now in the mental ward. The women very rarely have any interests to occupy them, and almost without exception spend their days sitting in a corner doing nothing. Many sighted and hearing women in Institutions do the same thing, but at least they are able to talk to each other and look at newspapers and listen to the wireless which is now almost universally installed.

The totally deaf who are able to speak are in much the same position as the deaf and dumb, particularly those who had no opportunity of learning Braille, Moon or handicrafts before admission to the Institution. Apart from one girl in this category who is actually a workshop employee, and who has to make her home at the Institution owing to her complete irresponsibility in money matters, only three cases are able to keep themselves fully and happily occupied with reading, Braille writing and handwork, and though 6 more are supposed to be able to read embossed type, not all of them are being kept supplied with literature. Most suffer from lack of companionship and at least 5 would welcome admission to a permanent home for deaf-blind people.

The hard of hearing are almost as isolated, and visitors find it even more embarrassing to talk to them as all the other inmates can hear and frequently join in the conversation.

On the whole, the Institution cases, with a few exceptions, do not receive the attention that they require. In big cities such as Liverpool and Manchester, it is the custom for a Home Teacher to visit

the Institutions for a half-day every fortnight, but there are so many blind people to be seen that it is impossible to give any of them more than a few minutes except in special circumstances, and in most areas, the Institutions are visited only once a month and some only quarterly. In many cases, much more could be done in the way of encouraging pastime occupations, and the objection made by one Home Teacher that the Institution officials "would never allow it" was not borne out when the Master and Sister in charge were actually approached. As a rule, the staff of Institutions will co-operate when the special needs of deaf-blind cases are put before them.

CASES IN MENTAL HOSPITALS AND INSTITUTIONS FOR MENTAL DEFECTIVES.

	5-16	16-21	21-40	40-50	50-65	65-70	70--	Total
Cat. I.	1	2	-	1	1	-	1	6
Cat. II.	-	-	2	4	6	1	6	19
Cat. III.	1	1	2	-	3	2	4	13
Cat. IV.	1	1	6	3	1	3	2	17
Total.	3	4	10	8	11	6	13	55

The proportion of blind persons in mental hospitals in the Northern Counties is 1.04% of the total blind population, according to figures extracted from the most recent report. The proportion of the deaf-blind (all 4 categories) in mental hospitals is 3.5% of the total number - rather more than three times as many, but not as high as the proportion of deaf and dumb persons in mental hospitals as compared with the hearing, which was quoted by Dr. Eichholz in his report. In that he said that "the proportion of deaf-mutes in Mental Hospitals and Poor Law Institutions is seven times as great as that of hearing persons".

Of the total of 55 cases, 6 are in colonies for mental defectives, the remaining 49 being in Mental Hospitals.

The ages of the cases in Institutions and colonies for mental defectives range from 10 to 24, and two, a girl of 17 and a man of 24, are able to follow pastime occupations.

Of the 49 cases in mental hospitals, 28 are men and 21 women, one of whom has been a voluntary patient for a number of years, but is now anxious to move to a Home for the Blind. Unfortunately, the responsible Local Authority has so far declined to respond to the suggestion that they should maintain her in a Home for the Blind, on the grounds that she is "quite happy where she is".

There does seem reason to believe that there are a few deaf-blind persons in Mental Hospitals who are not really insane, or who were not insane at the time of their admission, though it is admittedly difficult to differentiate, in the case of a deaf-blind person, between general irritability and bad temper combined with eccentricity and mental derangement. Some of the deaf-blind, particularly men who have not enough to occupy themselves with, are very moody, and have outbursts of temper which are very difficult to control, and in later life, there is sometimes a tendency to auditory hallucinations and illusions of persecution.

One or two cases can be quoted as examples:-

a) A man of 47 who is deaf, dumb and blind, is in a Mental Hospital, the Medical Superintendent of which says "this man can hear, but cannot understand speech; he is noisy and impulsive and has hallucinations; is classified as a low-grade mental defective;" on the other hand, the Missioner for the Deaf for that area says that he is probably not mentally defective, as he was educated at a school for the deaf, understands finger-spelling to a certain extent, and does rug making as a pastime occupation, but he is a peculiar and difficult man, and he drifted into an Institution and from there to the Mental Hospital, because he has no other home.

b) A man who is totally deaf but able to speak has been in a small Mental Institution for 12 years and is now 64 years of age. He was deaf before admission and his eyesight was failing but he was not actually certified as blind and was not known to any welfare organisation. Further enquiry revealed the fact that his only living relative had him sent to a Poor Law Institution when he lost his hearing and his eyesight was failing, as she considered he was of no further use in the world. From there he was transferred to the Mental Hospital where he is now. The sister maintained that there was never anything wrong with him mentally, and affected to be ignorant of the fact that he was actually in a mental hospital. He has had nothing to occupy himself with whatever during those years, and it is not altogether surprising that he has occasional outbursts of violent temper. When visited, he recognised the Manual Alphabet and was able to understand a simple sentence, though no one had spoken to him in this way for over 10 years and the attendants at the Institution did not even know that he understood the deaf and dumb alphabet.

c) This man is now 43 years of age and has been in a Mental Hospital for 8 years, but he is a highly intelligent man, understands finger-spelling, is an expert brailist and amuses himself by writing fiction, which, in the opinion of the Medical Superintendent is "not without merit". He was found wandering in Leeds a number of years ago, and gave an account of himself to the police which was found to be entirely untrue. On being put in a Public Assistance Institution, he attempted to get away and resisted capture with a certain amount of violence, and on being forcibly detained, continued to behave violently and cause a good deal of disturbance, all of which resulted in him being regarded as a dangerous lunatic. The Medical Superintendent recently reported:-

"I am inclined to the opinion that if he were amongst other deaf and blind patients and also nurses who could talk to him in the deaf and dumb alphabet, the environment would be much happier for him. He certainly has not shown any dangerous propensities since he has been here, beyond a certain amount of petulance and bad temper which could easily be explained by his sense of deprivation."

Efforts have been made recently to give this man a holiday at the Hoylake Home for a month with a view to having him discharged from the asylum permanently, but so far the authority responsible for his maintenance as a blind person has refused to give him a chance of proving that he is a fit person to be discharged.

These three cases suffice to show that there is a danger of deaf-blind persons being certified as insane, which special treatment and even temporary detention in suitable environment might avoid. Most of the other cases are very obviously deranged, and very little can be discovered about the previous history of a great many, but there is reason to suppose that people who are admitted to an asylum

suffering from nothing more than chronic melancholia, need not have reached this state if they had been given sufficient to occupy their hands and minds, and had the benefit of intelligent companionship.

During the course of investigations it has been found that in some districts the blind welfare societies or departments do not keep in touch with cases who are admitted to mental hospitals apart from an annual enquiry as to their welfare. It is desirable, however, that if they have been able to read or engage in pastime occupations the asylum officials should be informed of this fact, and arrangements should be made for readers to be kept supplied with literature unless their mental degeneration is too advanced.

PART II.
Services for the Deaf-Blind.

Services at Present Available.

The previous section has dealt with the special needs and circumstances of the deaf-blind, and it now remains to examine the effectiveness of the existing welfare services, and to determine whether they are adequate, and if so, whether they are being utilised to the full. If they are not adequate, then the question arises as to whether they can be made more effective or whether some additional organisation is required.

Education, Training and Employment.

It is evident that the facilities in this area for education, training and employment are adequate to meet the needs of the deaf-blind. In addition, deaf-blind cases can be sent out of the area for education and training, as the London County Council Special School for the Deaf at Penn, which has a small section devoted to the education of blind, and partially blind, deaf children, admits cases from other parts of the country, and deaf-blind trainees can be sent to the Royal School for the Blind at Leatherhead, where a special feature has been made of the training of deaf-blind persons.

Some cases have been discovered where education and occupational training have been neglected, but this is usually the fault of the parents, though occasionally local officials are partly, at least, to blame. A case in point is that of a deaf and dumb boy with defective vision (Category IV) who attended the local elementary school in a small town until he was fourteen, and is now so retarded that his two years at the deaf school in Leeds cannot possibly make up for the years he has lost.

After Care.

Blind School leavers are, of course, invariably referred to the responsible agency for the welfare of the blind, and it is usual, though not a universal practice, for the names of children leaving schools for the deaf to be given to the Missioner responsible for the care of the adult deaf and dumb in that district. There are very few young persons among the deaf-blind, but prevention and early care at the onset of the defects is so important that it would be desirable for deaf children leaving school with defective sight to be referred to the local organisations for the welfare of both the blind and the deaf.

The Unemployable Deaf-Blind.

(a) The Home Teaching Service.

As practically all the deaf-blind are unemployable, any attempt to assess the efficiency of the welfare services with regard to their special needs resolves itself very largely into an examination of the Home Teaching Service. There is no doubt that in recent years the Service has improved generally, owing partly to the increase in the number employed throughout the area, and partly to the higher standard of qualification and training demanded. In addition, propaganda carried out by the Counties Associations has roused a great deal more interest in the deaf-blind and a realisation on the part of the Local Authorities and Blind Welfare Societies of their responsibility towards these people. Even during the two years of this survey, there has been a vast improvement, and Home Teachers now seem to be much more aware of all the services they can render to the deaf-blind, given the opportunity and the desire, and of the facilities which are available for their special benefit.

The question has been raised as to whether the Home Teachers' training fits them for dealing with the difficult problems of the deaf-blind, but it must be remembered that the proportion of deaf-blind is only 6.26% of the blind population, and that the deaf and dumb blind in the area are actually outnumbered by the Home Teachers. However press-

ing the needs of the deaf-blind, one must keep a sense of proportion, and a discussion of the adequacy of the training in general is hardly within the scope of this report.

It has already been pointed out that only persons with years of constant association with the deaf and dumb can really understand them, and it is, therefore, not to be expected that the Home Teachers should be entirely fitted to deal with this very difficult problem, but any Home Teachers who have cases of this nature on their register should make an effort to get some idea of the general problems of the deaf and dumb, and this need not take a great deal of time. Talks with a Missioner for the Deaf and a visit to the Adult Deaf and Dumb Institute would help, but nothing brings home the difficulties of a born-deaf person more forcibly than a day spent in a Deaf and Dumb School, and most Home Teachers could arrange to spend a day in a deaf school without very much difficulty.

Another qualification for dealing with the deaf-blind which can be very easily acquired is a knowledge of the Deaf and Dumb finger alphabet as used by the sighted deaf, as not only the deaf and dumb, but people who have lost their hearing previous to losing their sight, may be familiar with the two-handed Manual Alphabet, and the process of adaptation to the Alphabet as adapted for the deaf-blind is often slow. It is essential that the Home Teacher should be able to adapt herself to the form favoured by the deaf-blind person to whom she is speaking, and it would probably not be demanding too much to insist that prospective Home Teachers should know not only the deaf-blind but the "sighted" deaf Manual Alphabet.

Practically every report made during the course of this enquiry emphasises the fact that, owing to the multifarious duties or excessive numbers, the Home Teachers have not the necessary time for dealing with special cases such as the deaf-blind, which seems to indicate that in the majority of districts either an increase in personnel or a revision of duties is required.

At the same time it has been made evident in the previous section of this report that these conditions are not entirely responsible for the variation in the standard of service in different districts. A great deal depends on the personality of the Home Teachers and the energy and enthusiasm which they bring to bear on their tasks; in fact, one is constantly alternating between admiration of the achievements of some Home Teachers under tremendous difficulties and exasperation at the want of enterprise displayed by others. In one district, for instance, where the Home Teacher has a large rural area to cover and no car, she had not only taught the Manual Alphabet, Braille, Moon and handicrafts wherever possible, but had arranged for her deaf-blind people to have consultations with aural specialists at hospitals, had arranged for hearing tests for people who were able to travel so far and had corresponded with the experts at Manchester University about others. She had also provided cheap speaking tubes for some of the aged and infirm and had put suitable cases in touch with the Deaf-Blind Helpers' League.

On the other hand, some districts were visited where there had been very little teaching, and where totally deaf-blind cases did not even know of the existence of the Holiday Home at Hoylake, or of the Deaf-Blind Helpers' League. In one or two others, the teaching of handicrafts was carried out exclusively at the welfare centres, and people who did not attend had no other opportunity of learning pastime occupations. As not only the totally deaf but the hard of hearing are often sensitive about attending classes with the hearing blind, it is obviously desirable that they should have the opportunity of being taught in their own homes whatever the usual practice may be in the area.

Special Classes and Meetings for the Deaf-Blind.

In one or two districts the agencies for the blind have organised special afternoon classes and meetings for the deaf-blind which have been found to be very successful and are considered by their organisers to be well worth the trouble and expense involved. In Sheffield, the handicraft and finger spelling class is held at the Blind Welfare Department under the joint supervision of the Home Teachers and the Missioner

for the Deaf or his assistant, and though originally it was a very small class, held fortnightly, more cases have been brought in as the original members required less supervision, and it now meets every week. There is no doubt that these classes have made a tremendous difference to the lives of several individuals, and indeed two or three semi-literate persons with whom communication was almost impossible owing to their severe deafness have now, through the combined efforts of the Missioner for the Deaf, the Home Teachers and voluntary workers, learnt to understand words communicated to them by finger spelling. The problem of transport and the difficulty of disposing of sighted guides whilst the class is in progress have been simultaneously overcome by the action of the Corporation in putting two cars at the disposal of the Blind Welfare Department for the afternoon.

In Leeds, the weekly meeting is of a social nature, and is held at the Institute for the Blind under the supervision of two Home Teachers, but without the co-operation of the Deaf Mission, which, however, runs a similar social on a weekday afternoon once a month. These meetings and socials are very valuable, for the backward cases learn a good deal from the more enterprising, and those who are themselves well adjusted to their defects are only too ready to help the others.

The social activities and religious services organised by the Deaf-Blind Helpers' League and the Missions for the Deaf will be referred to later.

An interesting experiment has been tried by one Home Teacher who has several hard of hearing men in her district, who, she found, were sensitive about receiving instruction at the handicraft class. She has now organised a special small class for these few cases, which meets on the same afternoon at a different time, and finds that they are much happier when they are able to shout to each other without fear of making themselves unduly conspicuous.

Amplifying Apparatus for Social Centres.

Mention has already been made of the fact that amplifying apparatus has been installed at two social centres in the area to enable the hard of hearing to enjoy with the aid of ear-phones, the readings, lectures and entertainments which are held there. It is not difficult to obtain a supply of head-phones, and the apparatus has not proved costly in either case as wireless sets are utilised which can, at other times, be used for their ordinary purpose. At the Oldham centre where the apparatus has to be erected before every meeting and dismantled afterwards a light wooden stand has been wired which is placed before the front row of seats with plugs for the earphone connections at regular intervals. In districts where there are permanent club rooms, such difficulties do not arise, and the installation is much simpler.

It is understood that similar apparatus is to be installed in at least one other centre in the area, and it is suggested that other organisations should take up the idea, particularly where there are a number of partially deaf on the register. It has been found at Oldham that individual volume controls attached to the head-phones make them much more effective.

Adequacy of the Home Teaching Service.

If such amenities were general, and if the Home Teachers utilised more fully such organisations as the Deaf Missions and the Deaf-Blind Helpers' League, and the facilities available for holidays in suitable environment and for hearing tests, the service as far as the deaf-blind are concerned would be much more efficient. Whether any addition is required to the personnel for the special purpose of work for the deaf-blind will be discussed under the heading of possible future services.

(b) The Deaf Missions.

By reason of small financial resources, and consequently inadequate staff for the work which has to be undertaken, the Missions for the Deaf cannot, as a rule, undertake any special welfare services for the

deaf-blind, and can only keep in touch with those who actually attend the Mission. Some of the larger Missions, however, do run special meetings and services for the deaf-blind, (see Page 18), and in Leeds the lady visitor keeps in touch with the deaf-blind in their own homes. This, however, is an exceptional service, for even in Sheffield, where the co-operation between the Mission for the Deaf and the Blind Welfare Department is so very effective, regular visiting cannot be undertaken except in a few special cases. Where the Missions for the Deaf do organise special religious services and social meetings for the deaf-blind, they are very well attended; the meetings organised in Manchester in conjunction with the Deaf-Blind Helpers' League attract deaf-blind from a distance of fifteen to twenty miles outside the city, and the monthly meetings and services at Newcastle and Liverpool are not confined in either case to people from the immediate neighbourhood.

Some blind welfare organisations in the neighbourhood of Manchester who have insufficient numbers of deaf-blind on their register to form their own social groups have recently agreed to pay the fares of deaf-blind people who wish to attend the Manchester meetings, along with the expenses of a guide if necessary. Some such scheme might conveniently be adopted in other parts of the country.

Sighted members of the Deaf Missions which arrange such meetings contribute very largely to their success by acting as interpreters, and announcements can be given in speech and the deaf and dumb alphabet simultaneously with the knowledge that all the deaf-blind will have the message interpreted to them by someone. As so many Missions have people willing to interpret on such occasions, but have not got the financial resources that most blind welfare organisations possess, there is a great deal to be said for collaboration - the blind welfare organisation providing the money for the tea, and the deaf-mission contributing the workers.

Prevention Work.

Mention has already been made of the work which is being done by some Missions to preserve the sight of their members (see Page 7). It is suggested that all Missioners should make a point of bringing sight-saving propaganda to the notice of the deaf and dumb, and should ask their committees to assist with the cost of treatment or the purchase of spectacles in necessitous cases, or put such cases into touch with the Prevention of Blindness Scheme if there is one in the district.

Co-operation between Organisations for the Blind and the Deaf.

Even though the Missions for the Deaf have not the resources to enable them to do much for the deaf-blind, consultation between those responsible for the welfare of the blind and the deaf with regard to individual cases is very valuable. Unfortunately, such co-operation is not by any means universal, and in some places a certain amount of friction actually exists which an honest effort at collaboration on both sides would probably dispel.

In a few districts, Home Teachers and secretaries of blind welfare societies do make a practice of consulting the Deaf Missioners with regard to individual cases, and find their advice and help of the greatest assistance, while the Missioners usually find such contacts equally helpful. The fact that the districts of blind welfare organisations and deaf missions rarely coincide need not be an insuperable obstacle to a collaboration of this nature, for there is nothing to prevent one Missioner from having contact with two or three blind welfare societies and vice versa.

Bearing in mind the fact that most Missions have not got the resources to arrange special meetings and Services for the deaf-blind their great value, as far as the deaf-blind are concerned is the help they can give in individual cases - if such cases are brought to their notice.

(c) National Deaf-Blind Helpers' League.

The National Deaf-Blind Helpers' League performs an invaluable service in the opportunity it gives of bringing the deaf-blind in touch with one another, not only locally, but through correspondence and the columns of "The Rainbow". To a deaf-blind person, braille writing is unrivalled as a means of self-expression - particularly to those who have little or no opportunity of meeting others who are similarly handicapped. To be able to exchange ideas with others who have similar difficulties and problems to contend with, and to have the opportunity of contributing to their own magazine means an enormous amount in their somewhat restricted lives. Those who cannot correspond with each other, except through sighted friends look forward eagerly to the quarterly issue of the magazine with the feeling that here is something produced for their own special benefit.

To those sort of people the League gives unbounded pleasure; unfortunately it cannot reach the illiterate and the non-readers unless they happen to live in a district where there is an organised group.

Necessity for Co-operation with other Organisations.

There does seem to be a need for greater co-operation between local blind welfare services and the League in most districts. In Bradford where there is a very flourishing group which meets once a month on Saturday afternoons, some of the Home Teachers are associate members, and put all suitable cases in touch with the group; they remind them of meetings and make arrangements for them to get there and usually attend in person.

Unfortunately this sort of collaboration is exceptional, and in some districts local Stewards of the Deaf-Blind Helpers' League complain that the Home Teachers take no interest in their activities and do not even inform their cases of the existence of such an organisation, to which the Home Teachers reply that they are never informed of the meetings and are not invited to attend.

There are, of course, faults on both sides, and the local Stewards, who are usually deaf-blind persons, do not seem always to have been wisely selected. Before any deaf-blind person is invited to become the Steward of any district it would seem a wise proceeding for the local Blind Welfare Organisation to be consulted, for they sometimes have reason to know that a person who may appear highly suitable (from correspondence) is not the best person to undertake the task. With regard to meetings, if the Steward notified the blind welfare offices of all activities along with a request for the Home Teachers to make them known to the deaf-blind in their own districts, this would doubtless be done. In return, the Home Teachers should put their cases in touch with the League, and encourage them to take an interest in its activities, and in districts where there are not enough deaf-blind to form an active group should ensure the supply of either the Braille or Moon "Rainbow" to deaf-blind readers.

The granting of small sums for special purposes is one of the activities of the League which is very valuable in individual cases but which is not without its dangers, as a local Steward cannot always be relied upon not to let personal feelings influence him one way or the other, and it is not always the best type of deaf-blind person who draws attention to his need for financial aid. The granting of very small sums is sufficient to cause jealousy and quarrels in a group. Probably the best course would be for the Honorary Secretary to appeal to the responsible blind welfare organisation in cases where a grant, however large or small, would seem desirable, and if the appeal fails in its purpose, then only after consideration of the grounds for refusal should a grant, if any, be made. These observations do not apply to cases in Poor Law Institutions.

(d) Holiday Home for the Deaf-Blind.

This Home, at Hoylake, is registered in the name of the Deaf-Blind Helpers' League, and there is no doubt that it has filled a very real need, as reference to the most recent Annual Report of the League will show.

It is hardly necessary to emphasise the beneficial effect of a holiday at a hostel organised for their special benefit on the mental and physical welfare of the deaf-blind. The section of the Annual Report which is devoted to Fellowship House quotes a number of appreciative comments from guests who have written on their return home, and there are many less articulate to whom a holiday there has almost opened up a new life. Some have started learning braille on their return home in order to write to their new-found friends, and one woman who was visited more than six months after her visit there could hardly talk of anything else; she had never met any other deaf-blind people before, and was living for her next holiday at Hoylake.

The establishment of the Home at Hoylake was due in a large measure to the energy and enthusiasm of local voluntary workers, and there is no doubt that their continued service in the cause of the deaf-blind has contributed a great deal to its success.

As the majority of deaf-blind persons in all three categories are being wholly or partly maintained by the Local Authorities, it is obvious that they cannot themselves afford to have holidays there (unless the travelling expenses are very small) without some extra financial assistance, and therefore the Home cannot fully serve the purpose for which it was intended without the co-operation of the Local Authorities and Blind Welfare Societies. The relatively small expenditure involved in most cases, when compared with the amount spent on blind welfare in any district, is far outweighed by the benefit it confers, and should not be a serious obstacle.

(e) Hearing Tests and the Provision of Aural Aids.

The desirability of scientific hearing tests as a preliminary to providing hearing aids has already been discussed on Page 21.

In order to encourage local authorities to utilise the facilities available in the area, notably at the Manchester University Department for the Education of the Deaf, the Northern Counties Association for the Blind notified all its constituents early in 1936 that it was prepared to pay one-third of the cost of any hearing aid prescribed for a deaf-blind person as the result of tests carried out by properly qualified persons, and this was followed by similar action on the part of the North-Western Counties Association for the Blind. Mrs. Ewing had already intimated her willingness to arrange for blind persons to have hearing tests at the Manchester University Clinic.

Since then a number of blind people have been sent there from different parts of the area, and some authorities have arranged for examinations, followed by tests with various types of aural aids, to be carried out by aural surgeons in their own districts. In some cases deafness has been too severe for any amplification to be effective, but altogether 18 applications have been received by the Northern Counties Association for the Blind in respect of persons who have been tested, for the payment of part of the cost of hearing aids which have been supplied. In the majority of cases the rest of the cost has been borne by the Local Authority, and Lancashire County Council have actually informed all blind welfare societies in their area that they are prepared to pay two-thirds of the cost of any hearing aid supplied on the recommendation of the Manchester University Department for the Education of the Deaf.

The effectiveness of such a scheme, however, depends on the extent to which it is used, and this must rest very largely with the Home Teachers, for only they can bring suitable cases to the notice of the authorities.

The Function of the Voluntary Worker.

Blind Welfare Services have been built up almost entirely on a foundation of voluntary effort, and though they have become more and more the responsibility of central and local government services there is still a place for the voluntary worker. As far as the deaf-blind are concerned, Hoylake shows a striking example of the value of voluntary effort. Members of the Holiday Home Committee and other

local residents whose interest they have aroused come into the Home all the year round and keep the guests acquainted with the latest news and sports results, take them out and entertain them at their homes. A number have learnt braille, and members of a local Ranger company have passed a very stiff test in the manual alphabet (ability to receive as well as communicate being demanded) and are able to take the guests to church or chapel and interpret the service for them. In the Summer season various outings and tea-parties are arranged voluntarily by local residents. All this is the result of purely voluntary organisation.

Throughout the rest of the area voluntary workers are very few, but with the exception of one or two places there seems to have been very little serious effort made to recruit and utilise voluntary workers. Advertisements in the press have been tried in some towns but have produced very little result.

It seems obvious, however, that the best service can only come through the utilisation of voluntary workers in addition to a well-staffed Home Teaching Service - there are so many things to be done which no Home Teacher can possibly find time for, and even the best and most devoted of relations appreciate being relieved for example, of the duty of taking a deaf-blind person out for exercise. The world of a deaf-blind person is so very small that they value fresh personal contacts very highly. Any suggestions for future organisation should, therefore, take into account the best means of recruiting and utilising voluntary visitors.

Possible Development of Services.

The services at present available having been examined, and some suggestions made as to how they could be made more efficient, it is necessary to consider whether any changes should be made in the local or regional administration of blind welfare in order to deal with the problem of the deaf-blind in the best possible way.

It has already been pointed out that the Home Teaching service is becoming more efficient as more Home Teachers are employed in relation to the blind population, and as their duties are being more effectively organised, but they cannot be expected to have an insight into problems of deafness, and the question arises as to whether specially qualified Home Teachers should be employed in special welfare work for the deaf-blind.

Whole-time Welfare Workers.

The suggestion has been put forward more than once in recent years that there should be a special Home Teacher or Visitor for the deaf-blind in every area where there are a sufficient number to warrant such an appointment. There are many things, however, to be taken into consideration. In the first place, it would be very difficult to arrive at the number of deaf-blind of various categories to whom one person could render really efficient service. It is desirable that the deaf-blind should be visited frequently and for a reasonable length of time, but to do this, and to cover an area which is divided for the purpose of ordinary home visiting between several Home Teachers the number would obviously have to be small. In a place like Liverpool for example, where there are fifty totally deaf (including twelve who are also dumb) and ninety partially deaf people, one specially qualified Home Teacher could not possibly render adequate service to the deaf-blind without a great deal of voluntary help. Allowing for the wastage of time and distance, at least two would be required if the deaf-blind were to be visited even as often as they are now.

Alternatively, a specially qualified person might be employed who would visit the deaf-blind over an area where there were sufficient numbers in addition to the visits of the regular Home Teachers and who would only take over the teaching of special cases with whom the Home Teachers had particular difficulty. Such a person would also

be responsible for taking individual cases to hospitals and clinics and for other services of this nature, for organising any special classes and social activities, and for enrolling voluntary helpers for personal service work. Such an individual would, of course, work in close co-operation with the Home Teachers.

Probably the simplest plan, one which has the merit of being economical and which would not entail any addition to the present services or any administrative changes, would be for one Home Teacher in every area, rural or otherwise, to make a special study of the deaf-blind, to be responsible for any special activities which may be organised for their benefit, and to act as a sort of information bureau on deaf-blind problems for the benefit of other Home Teachers who would continue to visit the deaf-blind in their own districts.

Regional Organisation.

The possibility of appointing regional officers for the supervision of the deaf-blind has been raised, but it is difficult to decide whether such a step would be justified, and the experience of two years' investigation leaves the question still open. It cannot be denied that when each district was first visited and investigations made, it was necessary in most places to make suggestions and recommendations with regard to general principles and the treatment of certain individual cases. Recent enquiries, however, have revealed that the suggestions have been acted upon as far as was considered practicable in most areas, and certainly interest has been aroused in the problem to such an extent that it is very doubtful whether there is enough work for a full-time officer. On the other hand there may be too much, depending on the view taken of the duties.

Regular visiting of all cases over a large area is obviously out of the question, and in many cases would be unnecessary. Intensive propaganda work in each town for the purpose of organising a voluntary service scheme might be undertaken, but then again it would take a long time to cover the area of any Counties' Association, and once done, would presumably end there. Yet the opinion has been expressed by some blind welfare workers that some degree of supervision is necessary if interest is to be maintained and that as the register of blind persons is constantly changing, there are always new problems arising with regard to deaf-blind persons on which Secretaries of Societies and Home Teachers would be glad of expert advice.

Given intelligent local organisation it is improbable that there would be sufficient work of this nature to justify the appointment of a full-time Regional Officer, but in some regions, and even in the area of large and populous County Authorities, it could probably be combined effectively with general supervision of the Home Teaching Service.

Utilisation of Voluntary Workers.

Granted that there will always be a need for voluntary friendly visitors, consideration must be given to the best means of diverting some part of the good will which must abound in the world to the service of the deaf-blind.

Press appeals in various districts have failed, and probably the most successful means of recruiting voluntary workers would be by direct appeal to local organisations of all description - first having decided on the number and type of workers required. According to circumstances, appeals could be made to Rotary Clubs, T.O.C.H., Women's Organisations, Ranger and Rover Companies, the Union of Girls' Clubs, Girls' Friendly Societies and various other denominational organisations. Local clergy can be helpful, particularly if a specific appeal is made with regard to one particular case, as a demand for voluntary workers is much more forceful if definite cases can be quoted. In any case, discrimination has to be used in seeking voluntary workers, and while the qualities of patience, reliability and cheerfulness are important to all, great care has to be taken in assigning the right volunteer to the right deaf-blind person.

Some organisations complain of the unreliability of voluntary workers; they say that it is difficult enough in the first place to recruit workers, but that it is ten times more difficult to keep them devoted to the cause of the deaf-blind. This only stresses the need for constant effort, and for careful recruitment in the first place; work for the deaf-blind is not easy, and in appealing for volunteers the difficulties must not be minimised.

Experience of voluntary work seems to show that the responsibility for organising and maintaining a scheme of service is best left to the voluntary workers themselves. If the arrangements are in the hands of paid officials too much of the work may devolve on them; if any one worker drops out it is left to the officials to find another, and if there are difficulties and disputes, the volunteers and officials are apt to blame each other.

It should be possible to form a small voluntary committee in each area with complete responsibility for the recruiting of voluntary workers and for maintaining a system of personal service in the locality, and this committee could report at intervals either to the Blind Welfare Society, or direct to the Local Authority. A scheme of this nature, but with the object of organising social activities for the blind, is in operation in various centres in Northumberland where Blind Welfare Services are under the direct control of the County Council, and there seems to be no reason why a similar system should not work successfully in the cause of the deaf-blind.

It is assumed that, if and when volunteers for this service are obtained, organisations for the welfare of the blind and the deaf would be prepared to give any necessary training in the use of the manual alphabet and the opportunity of meeting the blind and the deaf at social activities or classes, and the first visit of any worker should, of course, be made in the company of the responsible Home Teacher. The voluntary workers could also assist the Home Teachers in the organisation of any special classes or social activities for the deaf-blind, the cost of which would be borne by the Local Authority.

In rural areas, the clergy would probably be of the greatest assistance as they are in a position to know of possible suitable volunteers, but in any district an effort should be made to arouse their interest as so many of the deaf-blind appreciate more than anything else the services of a guide and interpreter to take them to their own place of worship.

Permanent Homes for the Deaf-Blind.

This is a question on which there has in the past been a sharp division of opinion, but the success of the Holiday Home at Hoylake which admits residents for the whole of the Winter season seems to prove that there is a need for small permanent homes on similar lines. The deaf-blind themselves seem to favour the idea, though there are still some who maintain that the happiest solution would be for several Homes for the Blind to take as many as half a dozen totally deaf people who would be companions for each other without being segregated. On the other hand, it is doubtful if in such circumstances they would receive as much voluntary companionship from sighted and hearing friends - it is so much easier to talk to hearing blind people that voluntary visitors with the best intentions might be diverted from their original purpose. Judging by the experience gained at Hoylake, a small attractive Home for the Deaf-Blind does arouse a tremendous amount of local interest. There is hardly a shop-keeper or errand boy in the neighbourhood who does not now know the manual alphabet.

In contemplating the establishment of a permanent Home or Homes there is more than one type of case to be considered. In the first place there is the more or less educated able-bodied deaf-blind person who understands finger-spelling and has various hobbies and interests, and is either left alone in the world or to the care of relations who are either unable or unwilling to look after them. This is the type

of case for whom Fellowship House, Hoylake, acts as a refuge during the Winter months and for two or three weeks in the Summer.

At least eleven persons of this type in the Northern Counties would welcome admittance to a permanent home for the deaf-blind, and there may be others. Of these eleven persons (five men and six women) two are at present in Mental Hospitals (one as a voluntary patient) five are in Poor Law Institutions, two are in lodgings, one is in a Home for Incurables, and one is in a home for the aged blind. A permanent home would, of course, have to make ample provision for the carrying on of pastime occupations, and would also have to provide for the care of such persons when they are old and feeble.

Then there are the middle aged or elderly who are practically uneducated (owing in some cases to deafness in early years) and who, losing their sight, and left without friends are admitted to Institutions for want of a better home. Such cases, with whom satisfactory communication is almost impossible unless they have some degree of residual hearing can often occupy themselves pleasantly with some form of simple handicraft, and in any case require more skilled attention than is possible in an ordinary institution, as lack of occupation is so often responsible for mental deterioration.

The very difficult cases of the young people who are blind, deaf and dumb, uneducated and consequently mentally retarded are few (see Page 12) but they do require special supervision in some sort of home where a feature is made of occupational therapy. There may be sufficient cases of this nature in the country as a whole to justify the establishment of a small special home for their treatment, and in any case there are bound to be retarded and uneducated young blind people who are not deaf but who may require similar sort of supervision. As things are, such cases are not suitable for an ordinary residential home for the blind, and removal to a mental colony is not the happiest solution to the problem. Special provision does seem to be required for such cases as these.

SUMMARY OF CONCLUSIONS.

Existing Services.

The recommendations made under this heading may be summarised as follows:-

- 1) Extension of preventive work on the part of blind welfare societies with regard to deafness, and on the part of organisations for the deaf with regard to blindness (pages 14, 21 and 7 and 35).
- 2) Co-operation between organisations for the welfare of the deaf and the blind and the Deaf-Blind Helpers' League with regard to (a) individual cases, and (b) social activities, (pages 35 and 36).
- 3) Utilisation of the clinics which exist for the scientific testing of hearing. Provision of hearing aids (pages 21 and 37).
- 4) Provision of grants by Local Authorities to enable suitable cases to have holidays at the Home for the Deaf-Blind. (Page 37).
- 5) The organisation of special classes and social centres for the deaf-blind where there are sufficient numbers. Co-operation with the local Deaf Missions and the National Deaf-Blind Helpers' League is recommended in this connection. Isolated cases who live within reasonable distance of a centre where such activities are arranged should be provided with a guide and have travelling expenses paid if necessary to enable them to attend. (Pages 34 and 35)
- 6) Installation of amplifying apparatus connected to individual head-phones at club rooms and social centres in districts where there are a number of partially deafened people on the register. (Page 34)
- 7) The provision of efficient wireless sets for the partially deaf. (Page 24)

Possible Development of Existing Services.

The following observations are offered:-

- 1) In considering additions to the Home Teaching staffs, authorities and welfare societies should keep in mind the number and needs of the deaf-blind in the area. (Pages 18 and 33)
- 2) Home Teachers should be required to know the Manual Alphabet as used by the sighted deaf in addition to the standard deaf-blind Manual Alphabet. (Page 33)
- 3) In every area where more than one Home Teacher is employed, one of the staff should, in addition to any other duties, make a special study of the problem and be competent to give her colleagues information relating to problems of deafness. (Page 39)
- 4) In administrative areas where there are a number of deaf-blind, the possibility might be considered of appointing a specially qualified worker to visit the homes in addition to the visits of the Home Teachers, and to be responsible for any special services. (Pages 38 and 39)

✓ 5) Small local voluntary committees should be set up for the purpose of organising and maintaining personal service schemes for the deaf-blind. They could be directly responsible to the Local Authority. (Pages 39 and 40)

6) The appointment of a regional officer for the care of the deaf-blind would not appear to be justified unless the duties were combined with general supervision of social activities or of the Home Teaching Service. (Page 39)

7) The need for the establishment of a small permanent Home or Homes for the Deaf-Blind is considered to be proved (Page 40.) In addition, there also seems to be a need for a special home for the care and treatment of difficult and retarded young people, which need ~~not~~ necessarily be confined to the deaf-blind (Page 41)

The co-operation of the authorities and agencies in whose areas this investigation was carried out has been very greatly appreciated.

K. J. ALLISON.

March 1st, 1938.

STATISTICAL STATEMENT RELATING TO THE DEAF-BLIND,

TABLE 1.

31st December, 1937.

AGE GROUPS.	0-5.	5-16.	16-21.	21-40.	40-50.	50-65.	65-70.	70 -.	TOTAL.
Category 1.	-	3	3	23	20	37	10	15	111
" 2.	-	-	-	38	55	151	57	82	383
" 3.	-	8	2	55	90	318	147	435	1055
Category 4.	-	11	5	116	115	506	214	532	1,549
	-	3	1	11	7	1	5	2	30
T o t a l	-	14	6	127	172	507	219	534	1,579

Notes on Table 1.

- Category 1. Blind, deaf and dumb.
 " 2. Blind, totally deaf but able to speak.
 " 3. Blind and parti ally deaf
 " 4. Deaf and partially blind. Not on blind register.

Known to Schools and Missions for the Deaf:-

Category 1.	57
" 2.	112
" 3.	37
" 4.	11
T o t a l.	<u>217.</u>

TABLE 2.

Comparison of age groups with Blind Population.

<u>AGE GROUP.</u>	<u>Total blind popu- lation of Area.</u>	<u>Deaf-Blind (excepting Cat.4)</u>	<u>Percentage of Deaf-Blind.</u>
0-1	5	-	-
1-5	54	-	-
5-16	652	11	1.69%
16-21	519	5	.96%
21-40	3,094	116	3.43%
40-50	2,599	165	6.35%
50-65	6,721	506	7.53%
65-70	3,354	214	6.38%
70 -	7,718	532	6.89%
Unknown	28	-	-
T o t a l	24,744	1,549	6.26%

Notes on Table 2.

Total Blind Population in the Area (March 31st 1937).

Northern Counties Association for the Blind..	22,892
County and County Boroughs of Cheshire.....	<u>1,852</u>
Total of area surveyed.....	<u>24,744</u>

Distribution of Deaf-Blind in the first three Categories:-

<u>Total Number 1,549.</u>	Category 1.	111	=	7.17%
	" 2.	383	=	24.73%
	" 3.	1,055	=	68.10%

TABLE 3.

Deaf-Blind. Training and Employability.

	At School.	In Train- ing.	Train- able.	Trained but un- employed.	Employed in Work- shops or as Home Workers.	Other- wise em- ployed.	Unedu cable or Unem- ployable.	TOTAL
Category 1.	1	4	3	1	7	1	94	111
" 2	-	3	1	-	23	2	354	383
" 3	5	5	8	-	57	7	973	1,055
Category 4.	6	12	12	1	87	10	1,421	1,549
	2	-	-	-	-	3	25	30
T o t a l	8	12	12	1	87	13	1,446	1,579

TABLE 4.

Deaf-Blind. Residence.

	Alone or in Lodgings.	Relations or Friends.	Resider- tial Schools.	Institutions Homes	P.L.I's.	P.L.I. Mental Wards.	Mental Hos- pitals.	TOTAL.
Category 1.	5	74	2	7	11	6	6	111
" 2.	65	263	1	14	17	4	19	383
" 3.	135	848	7	12	32	8	13	1,055
Category 4.	205	1,185	10	33	60	18	38	1,549
	2	8	2	1	-	-	17	30
T O T A L	207	1,193	12	34	60	18	55	1,579

TABLE 5.

Category 1.

5 (a) General information.

Age group.	Total.	Sex.		State.			In receipt of Domicil Assistance or wholly maintained.	Knowledge of Manual Alphabet.	Knowledge of Braille or Moon.
		M.	F.	S'gle.	M'rd.	Wid.			
0-5	-	-	-	-	-	-	-	-	-
5-16	3	3	-	3	-	-	3	1	1
16-21	3	1	2	3	-	-	1	1	-
21-40	23	9	14	23	-	-	16	15	8
40-50	20	12	8	19	1	-	17	15	6
50-65	37	15	22	26	8	3	29	28	11
65-70	10	5	5	6	2	2	9	6	1
70 -	15	4	11	12	-	3	12	9	2
T o t a l.	111	49	62	92	11	8	87	75	29

5 (b) Education, training and employability.

Age group.	At School.	In Train-ing.	Train-able.	Trained but un-employed.	Employed in Work-shops or as Home Workers.	Other-wise em-ployed.	Uneducable or Unem-loyable.	TOTAL.
0-5	-	-	-	-	-	-	-	-
5-16	1	-	-	-	-	-	2	3
16-21	-	1	-	-	-	-	2	3
21-40	-	3	3	-	3	-	14	23
40-50	-	-	-	1	3	1	15	20
50-65	-	-	-	-	1	-	36	37
65-70	-	-	-	-	-	-	10	10
70 -	-	-	-	-	-	-	15	15
T o t a l.	1	4	3	1	7	1	94	111

TABLE 5

5 (c) Residence

Age group.	Alone or in Lodgings.	Relations or Friends.	Residen- tial Schools.	Institutions		Mental Hos- pitals.	TOTAL.
				Homes	P.L.I's.		
0-5	-	-	-	-	-	-	-
5-16	-	-	1	-	1	1	3
16-21	-	1	-	-	-	2	3
21-40	1	18	1	2	1	-	23
40-50	1	12	-	2	4	1	20
50-65	2	25	-	-	8	1	36
65-70	1	7	-	1	2	-	11
70 -	-	11	-	2	1	1	15
T o t a l.	5	74	2	7	17	6	111

Note: Six of the cases in P.L. Institutions are in Mental Wards.

5 (d) Other defects

Age group.	Physical Defects. (a)	Mental Defects. (b)	Combination of (a) & (b)	Chronic Ailments.
0-5	-	-	-	-
5-16	-	1	1	-
16-21	-	1	1	-
21-40	2	5	1	-
40-50	-	7	1	1
50-65	5	3	1	1
65-70	-	-	-	1
70 -	2	2	2	2
T o t a l.	9	19	7	5

TABLE 6.

Category 2.

6 (a) General Information.

Age group.	Total.	Sex		State.			In receipt of Domicil. assistance or wholly maintained.	Knowledge of Manual Alphabet.	Knowledge of Braille or Moon.
		M.	F.	S'gle.	M'rd.	Wid.			
0-5	-	-	-	-	-	-	-	-	-
5-16	-	-	-	-	-	-	-	-	-
16-21	-	-	-	-	-	-	-	-	-
21-40	38	13	25	29	9	-	23	32	25
40-50	55	28	27	33	22	-	39	40	36
50-65	151	51	100	88	41	22	127	99	65
65-70	57	16	41	23	15	19	48	21	12
70 -	82	24	58	32	10	40	76	28	12
T o t a l	383	132	251	205	97	81	313	220	150

6 (b) Education, training and employability.

Age group.	At School.	In Train- ing.	Train- able.	Trained but un- employed.	Employed in Work- shops or as Home Workers.	Other- wise em- ployed.	Unedu- cable or Unemploy- able.	TOTAL.
0-5	-	-	-	-	-	-	-	-
5-16	-	-	-	-	-	-	-	-
16-21	-	-	-	-	-	-	-	-
21-40	-	3	1	-	10	-	24	38
40-50	-	-	-	-	9	2	44	55
50-65	-	-	-	-	4	-	147	151
65-70	-	-	-	-	-	-	57	57
70 -	-	-	-	-	-	-	82	82
T o t a l.	-	3	1	-	23	2	354	383

TABLE 6.

6 (c) Residence.

Age group.	Alone or in Lodgings.	Relations or Friends.	Residen- tial Schools.	Institutions Homes. P.L.I's.		Mental Hos- pitals.	TOTAL.
Under 21.	-	-	-	-	-	-	-
21-40	4	29	1	1	1	2	38
40-50	3	44	-	3	1	4	55
50-65	29	101	-	5	10	6	151
65-70	14	41	-	1	-	1	57
70 -	15	48	-	4	9	6	82
T o t a l.	65	263	1	14	21	19	383

Note: Four of the cases in P.L. Institutions are in Mental Wards.

6 (d) Other defects.

Age group.	Physical Defects. (a)	Mental Defects. (b)	Combination of (a) & (b).	Chronic Ailments.
Under 21.	-	-	-	-
21-40	5	2	-	3
40-50	5	7	-	5
50-65	16	12	2	12
65-70	3	2	1	11
70 -	3	9	2	26
T o t a l.	32	32	5	57

TABLE 7.

Category 3.

7 (a) General information.

Age group.	Total.	Sex		State.			In receipt of Domiciliary Assistance or wholly maintained.	Knowledge of Manual Alphabet.	Knowledge of Braille or Moon.
		M.	F.	S'gle.	M'rd.	Wid.			
0-5	-	-	-	-	-	-	-	-	-
5-16	8	7	1	8	-	-	-	3	5
16-21	2	-	2	2	-	-	-	2	1
21-40	55	21	34	42	13	-	28	18	34
40-50	90	41	49	42	39	9	66	21	33
50-65	318	132	186	107	148	63	224	51	92
65-70	147	70	77	39	65	43	100	11	26
70 -	435	179	256	66	100	269	377	10	20
T o t a l.	1,055	450	605	306	365	384	795	116	211

7 (b) Education, training and employability.

Age group.	At School.	In Training.	Train-able.	Trained but un-employed.	Employed in Work-shops or as Home Workers.	Other-wise em-ployed.	Unedu-cable or Unemploy-able.	TOTAL.
0-5	-	-	-	-	-	-	-	-
5-16	5	-	-	-	-	-	3	8
16-21	-	1	-	-	-	-	1	2
21-40	-	4	8	-	20	2	21	55
40-50	-	-	-	-	16	2	72	90
50-65	-	-	-	-	20	1	297	318
65-70	-	-	-	-	1	1	145	147
70 -	-	-	-	-	-	1	434	435
T o t a l.	5	5	8	-	57	7	973	1,055

TABLE 7.

7 (c) Residence.

Age group.	Alone or in Lodgings.	Relations or Friends.	Residen- tial Schools.	Institutions Homes P.L.I's.		Mental Hos- pitals.	TOTAL.
0-5	-	-	-	-	-	-	-
5-16	-	2	5	-	-	1	8
16-21	-	-	1	-	-	1	2
21-40	2	47	1	2	1	2	55
40-50	9	76	-	3	2	-	90
50-65	49	255	-	4	7	3	318
65-70	12	131	-	-	2	2	147
70 -	63	337	-	3	28	4	435
T o t a l.	135	848	7	12	40	13	1,055

Note: Eight of the cases in P.L. Institutions are in Mental Wards.

7 (d) Other defects

Age group.	Physical Defects. (a)	Mental Defects, (b)	Combination of (a) & (b).	Chronic Ailments.
0-5	-	-	-	-
5-16	-	2	1	-
16-21	-	1	-	-
21-40	2	5	2	5
40-50	4	6	2	11
50-65	15	12	2	50
65-70	5	2	-	36
70 -	11	7	1	173
T o t a l.	37	35	8	275

(a) General information.

Age group.	Total.	Sex		State			Notified by	
		M.	F.	S'gle.	M'rd.	Wid.	Deaf Schools or Missions.	Mental Hospitals.
0-5	-	-	-	-	-	-	-	-
5-16	3	3	-	3	-	-	2	1
16-21	1	-	1	1	-	-	-	1
21-40	11	6	5	11	-	-	4	6
40-50	7	5	2	6	1	-	3	3
50-65	1	-	1	1	-	-	-	1
65-70	5	2	3	5	-	-	1	3
70 -	2	2	-	2	-	-	-	2
T o t a l.	30	18	12	29	1	-	10	17

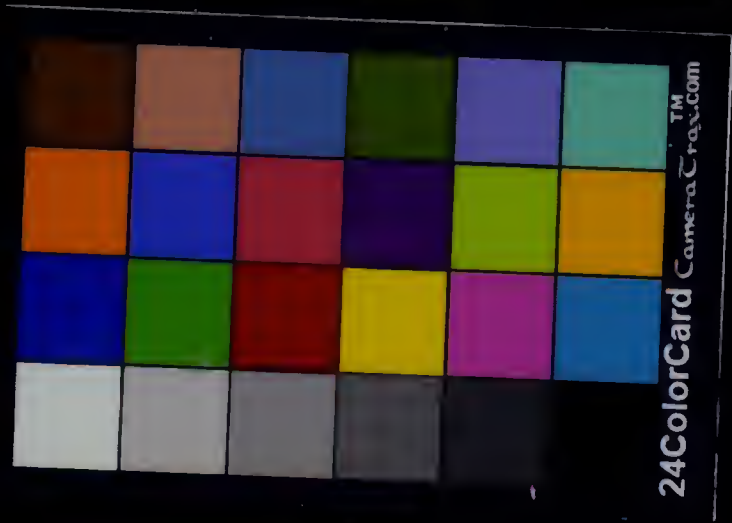
8 (b) Education and employability.

8 (c) Other defects.

Age group.	At School.	Em- ployed.	Uneducable or Unemployable.	Total.	Physical Defects.	Mental Defects.	Combination of (a) & (b).
					(a)	(b)	
0-5	-	-	-	-	-	-	-
5-16	2	-	1	3	-	1	-
16-21	-	-	1	1	-	1	-
21-40	-	1	10	11	-	6	-
40-50	-	2	5	7	-	2	1
50-65	-	-	1	1	-	-	1
65-70	-	-	5	5	-	3	-
70 -	-	-	2	2	-	2	-
T o t a l.	2	3	25	30	-	15	2

(d) Residence.

Age group.	Alone or in Lodgings.	Relations or Friends.	Residen- tial Schools.	Institutions		Mental Hos- pitals.	TOTAL.
				Homes	P.L.I's.		
0-5	-	-	-	-	-	-	-
5-16	-	-	2	-	-	1	3
16-21	-	-	-	-	-	1	1
21-40	-	5	-	-	-	6	11
40-50	1	3	-	-	-	3	7
50-65	-	-	-	-	-	1	1
65-70	1	-	-	1	-	3	5
70 -	-	-	-	-	-	2	2
T o t a l.	2	8	2	1	-	17	30



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